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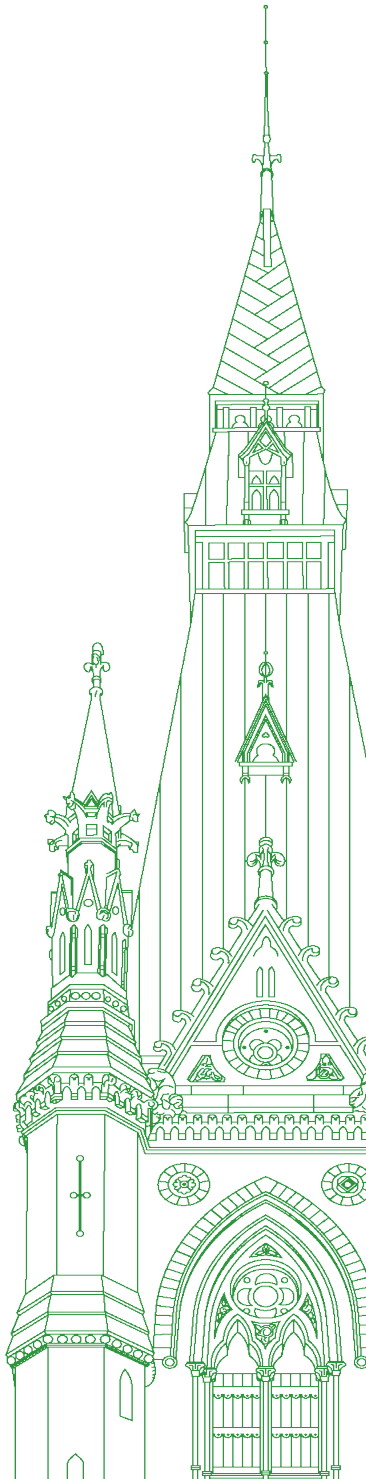

Speaker: The Honourable Anthony Rota

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HOUSE OF COMMONS

Friday, November 27, 2020

The House met at 10 a.m.

Prayer

GOVERNMENT ORDERS

CRIMINAL CODE

The House proceeded to the consideration of Bill C-7, an act to amend the Criminal Code (medical assistance in dying), as reported (with amendments) from the committee.

● (1005)

[*English*]

SPEAKER'S RULING

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): There are three motions in amendment standing on the Notice Paper for the report stage of Bill C-7.

The Chair has received letters sent by the hon. member for Fundy Royal and the hon. member for St. Albert—Edmonton, arguing that Motions No. 2 and 3, though previously defeated in committee, should be selected at report stage as they are of such exceptional significance as to warrant further consideration, in accordance with the note to Standing Order 76.1(5).

[*Translation*]

Motion No. 2 seeks to maintain the provisions of paragraph 241.2(3)(g) of the Criminal Code to ensure that there are at least 10 clear days between the day on which the request was signed by or on behalf of the person and the day on which the medical assistance in dying is provided in cases where natural death has become reasonably foreseeable.

[*English*]

Motion No. 3 seeks to increase from 90 to 120 the minimum number of days required between the first assessment of a person who seeks medical assistance in dying and the day on which medical assistance in dying is provided, this in the circumstance where natural death is not reasonably foreseeable.

The Chair appreciates the argument put forward by the members as to why they consider these amendments dealing with procedural safeguards to be of such significance as to warrant further consideration at report stage. As with the original medical assistance in dying legislation four years ago, I recognize that this is an important issue with profound legal, moral and constitutional dimensions and that members have strongly held and varied points of view on these matters.

For these reasons, the Chair is prepared on this occasion to give members the benefit of the doubt and to select Motions 2 and 3, even though they were previously defeated in committee.

[*Translation*]

The remaining motion, Motion No. 1, was also examined and the Chair is satisfied that it meets the guidelines expressed in the note to Standing Order 76.1(5) regarding the selection of motions in amendment at report stage.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Chair, in light of the selection of the motions from my colleagues, I would like to withdraw my motion.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Accordingly, Motion No. 1 will not be proceeded with.

Motions No. 2 and 3 will be grouped for debate and voted upon according to the voting pattern available at the table.

[*Translation*]

I will now put these motions to the House.

[*English*]

MOTIONS IN AMENDMENT

Mr. Michael Cooper (St. Albert—Edmonton, CPC) moved:

Motion No. 2

That Bill C-7, in Clause 1, be amended by deleting lines 25 to 31 on page 3.

Motion No. 3

That Bill C-7, in Clause 1, be amended by replacing line 8 on page 5 with the following:

"(i) ensure that there are at least 120 clear days between".

He said: Madam Speaker, I am pleased to rise to speak at report stage of Bill C-7 and, in particular, with respect to the two very modest amendments that we in the official opposition have put forward to the legislation, namely, to maintain a 10-day reflection period and to extend the reflection period of 90 days to 100 days where death is not reasonably foreseeable. Both of these amendments are supported by the evidence that was heard at the justice committee in what was otherwise a very rushed process. It need not have been this way and it should not have been this way.

One year ago, the Attorney General should have done what we on this side of the House called on the Attorney General to do, and that was to appeal the Truchon decision. That would have provided clarity in the law and it would have provided Parliament with time to appropriately respond legislatively if necessary, but the Attorney General did not do that. Instead, he rushed ahead with legislation purportedly aimed at responding to the Truchon decision, legislation, I might add, that was introduced with very little consultation.

The legislation went well beyond responding to the Truchon decision. The legislation fundamentally changes the medical assistance in dying regime that was passed in this Parliament a mere four and a half years ago and in so doing, the Attorney General and the government pre-empted a legislative review that was mandated by Bill C-14.

As a result, what we have is a rushed process to deal with a shoddy piece of legislation that recklessly puts vulnerable Canadians at risk. It is why virtually every disability rights organization in Canada opposes this bill. Indeed, 72 national disability rights organizations wrote to the Attorney General and pleaded with him to appeal the Truchon decision. Those pleas fell on deaf ears.

More than 1,000 physicians have penned a letter to the Attorney General opposing this bill. The UN Special Rapporteur on the rights of persons with disabilities expressed concern about Canada's medical assistance in dying regime and questioned whether Canada in fact was living up to its international obligations under the Convention on the Rights of Persons with Disabilities.

I will quote Krista Carr, the executive vice-president of Inclusion Canada, an organization that represents the rights of persons with disabilities, who said this of Bill C-7, "Bill C-7 is our worst nightmare."

● (1010)

Catherine Frazee, professor at Ryerson University, former chief commissioner of the Ontario Human Rights Commission and a leading advocate for the rights of persons with disabilities, said "our equality is, right now, on the line" with respect to Bill C-7. She noted that the careful balance between individual autonomy and equality carved out in Bill C-14 had been upended in Bill C-7.

Dr. Heidi Janz of the Council of Canadians with Disabilities said:

> Bill C-7 would enshrine a legal form of ableism into Canadian law by making medical assistance in dying a legally sanctioned substitute for the provision of community-based supports to assist people with disabilities to live.
>
> You must ensure that MAID does not weaponize systemic ableism in Canada.

In the face of those concerns right across the spectrum from physicians and experts to persons with disabilities and their advocates, we, on this side, thought it appropriate we proceed in a cautious and deliberate way, having regard for the complexity of the issue, the lack of consultation and the very short time frame before us to consider the radical changes brought forward by the government in Bill C-7.

Therefore, at the Standing Committee on Justice and Human Rights we put forward reasonable amendments, including maintaining a 10-day reflection period, having regard for the fact that people do change their minds and having regard for the feedback that was provided.

We put forward an amendment to ensure there be two independent witnesses. When one executes a will, one needs two witnesses. One would expect that at the very least there would be a safeguard at least as robust as in the case of executing a will when we are talking about ending one's life, but no, the government removed that safeguard.

We put forward an amendment to extend the reflection period where death is not reasonably foreseeable from 90 days to 120 days, having regard for the fact it is often not even possible to access palliative care or other supports within 90 days. What good is a reflection period of 90 days if one does not have access to alternatives within such a time frame? That amendment was rejected by the government.

Consistent with what the Minister of Disability Inclusion said, and having regard for the horrific evidence we heard of Roger Foley, who was coerced into making a request for medical assistance in dying, which he recorded, this should always be patient-initiated so coercion is limited and to guard against that.

In closing, let me just say that what we have is a piece of legislation that does the opposite of what the Supreme Court called on Parliament to do in Carter, namely, to provide for a carefully designed and monitored system of safeguards. This legislation eviscerates those safeguards, and on that basis, is unsupportable. It needs to be defeated out of hand.

● (1015)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I have a couple points of clarification. I thank the member opposite for his contributions.

The 90-day period that is entrenched in the legislation is an assessment period, not a reflection period. I believe the member misspoke. The notion that little consultation has been done on this bill is patently incorrect. We consulted 125 experts and 300,000 people submitted questionnaires.

The point has been made about the Truchon decision. What I would say, on this side of the House, is that the Truchon decision informed the response that is before Parliament right now. It talks about the autonomy of the individual.

What we know about the 10-day reflection period, part of the motion that is being debated right now, is that the 10-day reflection period for people who have made a considered decision only prolongs suffering. We know the evidence shows that people were depriving themselves of pain sedative medication just so they could hold on to provide that final consent.

Is prolonging that type of suffering what the member opposite wants to see in terms of the medical assistance in dying regime in Canada?

Mr. Michael Cooper: Madam Speaker, with respect to the consultation period, the consultation that was undertaken by the government provided for an online survey that left out people who do not have access to the Internet, left out people with cognitive, mobility or other impairments, and left out people living in remote and northern communities. We heard evidence before the committee that the so-called consultations were an effort to arrive at a predetermined outcome. I would not stand in any way defending that shoddy process, which led to this shoddy piece of legislation.

With respect to the matter of the 10-day reflection period, I would note that Dr. Harvey Chochinov, who was chair of the expert panel on a legislative response to the Carter decision, noted that death wishes can be transient and, indeed, data before the Quebec court in Truchon indicated that 8% of persons who made a request for medical assistance in dying removed that request, underscoring the need for a reflection period.

● (1020)

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, I thank my colleague for his speech.

He mentioned that he would have liked to see the government appeal Justice Baudouin's decision. Usually, when a decision is appealed, it is because an error of fact or law was made.

Can he tell me what errors of fact or law Justice Baudouin may have made in her decision?

[*English*]

Mr. Michael Cooper: Madam Speaker, I would note that Madam Justice Baudouin, in rendering her decision and finding that the reasonably foreseeable criteria contravened section 7 and section 15 of the charter, based her analysis on only one objective of Bill C-14, namely to protect vulnerable persons from being induced in a moment of weakness to ending their lives.

The justice ignored other objectives of law, including the sanctity of life, dignity of the elderly and disabled, and suicide prevention. On that basis alone, the decision should have been appealed.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I will disagree that this legislation is shoddy. I think this piece of legislation is well crafted. There were some amendments that my hon. colleague from Nanaimo—Ladysmith would have liked to see pass in committee, which I supported, which would have done more to reassure the disability community. One of the amendments did go through.

It is similar to what my friend from the Bloc just said. It does not strike me that making the case that this matter should have been appealed deals with the immediate need that the first version of this bill did not meet the Carter decision requirements. I said it at that time in the House that we did not do what needed to be done to meet the Carter decision from the Supreme Court of Canada.

Does my colleague think it would have made any difference to appeal Truchon, only to have it reconfirmed when it got to the Supreme Court of Canada?

Mr. Michael Cooper: Madam Speaker, let me just say that I believe, at the very least, it would have provided time for Parliament to respond legislatively, something that we have not had sufficient time to do, and it would have better provided clarity of the law.

[*Translation*]

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I am pleased to participate in the discussion on Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

I have the privilege of being a member of the House of Commons Standing Committee on Justice and Human Rights. The committee heard from quite a few eminent witnesses during its examination of the bill. Their testimony before the committee gave rise to a number of reasoned amendments that were the subject of a lively debate among committee members.

I would like to take this opportunity to give members of the House an overview of the committee's work on Bill C-7 because I believe it could help inform upcoming discussions on this important legislative measure.

[*English*]

Before I do that, I want to emphasize to members of this place the looming court-imposed deadline to pass this legislation by December 18. It is important that we move expeditiously on this piece of legislation to ensure we do not prolong the suffering of Canadians or create an uneven law in respect of medical assistance in dying across the country.

The most important change put forward by Bill C-7 is its repeal of the reasonable foreseeability of natural death criterion in response to the decision in Truchon. The committee heard from several disability organizations and individuals living with disabilities who shared powerful testimony about autonomy, what it means to make a truly informed and voluntary choice, and the inherent dangers they perceive in shifting Canada's MAID regime away from an end-of-life one toward one that, in their words, made disability a justification to end life.

I want to discuss some of the amendments that were not adopted. This is an important piece of legislation and a very challenging issue, and we faced some difficult questions at committee. The majority of the members at committee ultimately felt confident that the current eligibility criteria in the MAID provisions adequately protect Canadians. There is a requirement that for people to be eligible for medical assistance in dying, their suffering must either be due to illness, disease or disability, or an advanced state of decline in capability. Suffering that would be solely due to factors like a lack of supports or the experience of inequality would not make a person eligible for MAID.

● (1025)

[*Translation*]

Of course, people can experience intolerable suffering for different reasons, and that brings me to the eligibility criteria that will apply in all cases and how they protect people.

Individuals are eligible for medical assistance in dying only if they make a voluntary request that is not coerced and give informed consent. We are confident that these criteria, combined with the judgment of practitioners who assess eligibility for medical assistance in dying, will address those concerns.

The committee also studied the two-track system proposed in Bill C-7, paying special attention to the fact that reasonably foreseeable natural death will no longer be one of the eligibility criteria, but the factor that determines which set of safeguards applies in a given case.

[*English*]

The committee examined the possibility of defining this criterion as meaning a person would have 12 months or less to live. The phrase "reasonably foreseeable natural death" requires a connection to death that is temporal but remains flexible. To some members and witnesses, that flexibility sacrifices certainty, which can make the job of practitioners more difficult. This concern is what prompted the suggestion that we define it as requiring a prognosis of 12 months.

The majority of the committee members chose not to adopt that amendment, as we believe practitioners are able to continue to make determinations on the basis of the flexible criterion they have been using to date. That evaluation is determined on a case-by-case basis. The reasonably foreseeable natural death criterion does not have an arbitrary 12-month outer limit, so this proposed amendment would have narrowed its meaning.

[*Translation*]

The committee also discussed possible amendments to maintain the 10-day reflection period for people whose death is reasonably foreseeable, which is what we are talking about today, to reduce that period to seven days and to maintain the safeguard requiring two independent witnesses.

In the end, those amendments to Bill C-7 were not adopted. I think that is the right decision because I feel that changes to the existing safeguards are in line with feedback we got from practitioners across the country who participated in the January 2020 consultations. A number of the witnesses who appeared before the Standing Committee on Justice and Human Rights reiterated that.

I do not think these changes will cause any harm or make the process any less safe for those whose death is reasonably foreseeable. We do believe that these changes will alleviate suffering.

[*English*]

The committee also discussed amendments that would have lengthened the assessment period when death is not reasonably foreseeable to 120 days, and transformed it into a reflection period. The majority of the committee members did not accept these amendments, as we feel they would have prolonged suffering for those whose deaths are not reasonably foreseeable, without necessarily improving the safety of the regime.

The 90-day period is meant to be an assessment period, not a reflection period. I have already mentioned that in the course of today's debate. During that assessment period, practitioners evaluate eligibility, canvass other options for relieving a person's suffering and discuss these options with the person in question. It is not intended to impose a minimum waiting period after a person is found to be eligible.

We believe that Bill C-7 strikes the right balance between safety and patient autonomy, particularly given that we are amending the Criminal Code, which sets out the minimum requirements for a practitioner to rely on exemptions to otherwise applicable criminal offences. A practitioner could always spend more time assessing a patient, if they believe it to be necessary in the given case, again, underscoring the individualized nature of the assessment.

The committee did adopt an amendment, which the member for Saanich—Gulf Islands just mentioned, which I think will improve the second track of safeguards for those whose deaths are not reasonably foreseeable.

As introduced, Bill C-7 required that one of the two assessors have expertise in the condition that is causing the person's suffering. The committee heard that this requirement could pose significant barriers to access since experts are rarely made assessors. While they may be willing to provide their expert advice in a case, they may not be willing to undertake the entirety of an assessment for a patient that they do not know and may feel their time is better spent delivering that expert care to others.

The amendment, moved by the NDP member for Esquimalt—Saanich—Sooke, would allow the assessors to consult an expert when neither of them has the relevant experience. We appreciate this evidence-based adjustment to the bill.

The committee also accepted an amendment proposed by the member for Nanaimo—Ladysmith. Here is the reference made by the member for Saanich—Gulf Islands. This amendment would require the Minister of Health, in carrying out her duties related to subsection 241.31(3), to consult, when appropriate, with the minister responsible for the status of persons with disabilities. These duties would include developing regulations in support of monitoring medical assistance in dying and establishing guidelines for the death certificate reporting of medically assisted deaths.

While I am confident that the current Minister of Health has been and would continue to do this in any event, I am very happy to see this enshrined in the legislative package to ensure that the voices of the disability community are heard in this process.

I want to thank my colleagues, including the members opposite, who participated in the justice committee for their thoughtful interventions and their thoughtful deliberations. I want to emphasize to my colleagues the importance of moving quickly on this legislation because of the court-imposed deadline by the Truchon decision.

I want to raise one point that has come up in the context of what was raised by the member for St. Albert—Edmonton. This was the idea that the proposed package actually perpetuates discrimination vis-à-vis persons with disabilities. The issue of disability discrimination was canvassed directly in the Truchon decision, and in that case the court said, and I will quote from paragraph 681:

> ...the challenged provision perhaps perpetuates another probably more pernicious stereotype: the inability to consent fully to medical assistance in dying. Yet the evidence amply establishes that Mr. Truchon is fully capable of exercising fundamental choices concerning his life and his death. As a consequence, he is deprived of the exercise of these choices essential to his dignity as a human being due to his personal characteristics that the challenged provision does not consider. He can neither commit suicide by a method of his own choosing nor legally request this assistance.
>
> [682] Individuals in the same position as Mr. Truchon must be allowed to exercise full autonomy not only at the end of life, but also at any moment during their life, even if this means death, where the other eligibility conditions for medical assistance in dying are met.
>
> [683] The Court thus concludes that s. 241.2(2)(d) of the Criminal Code clearly infringes the applicants' right to equality.

Equality is critical here. The point I am making is that discrimination against persons with disabilities cannot be tolerated and should never be countenanced. The point that was made in the court and the point we are making on this side of the House is that in order to entrench equality, to fulfill the promise of the charter in section 15, we must empower persons with disabilities to make the exact same choices, give consent and exercise the same autonomy over their bodies as persons who are not disabled. That is what the court drove at in the Truchon decision. That is what this bill reflects.

● (1030)

Mr. David Sweet (Flamborough—Glanbrook, CPC): Madam Speaker, in a debate this important, I think it is important that my hon. colleague, whom I have respect for and have worked with on human rights, would not stoop so low as to impugn the motives of my colleague in regard to the 10-day period for reflection. The notion that he would want someone to suffer more is reprehensible.

It is a different situation, but my daughter took her own life and left a note. She took her own life in the context of having, at one point of her life, an unbelievable amount of stress so that she made a bad decision one evening, alone. It is not temporary. It is absolute.

The point that we are arguing is that, once this decision is made, it cannot be reversed. The notion that we are trying to make people suffer, as I said, is reprehensible. The idea is to make sure that someone who is in a bad situation, who might the next day find more light and hope, would not make a bad decision and completely eliminate the breath of their own life.

● (1035)

Mr. Arif Virani: Madam Speaker, I thank the member for his contributions today and in this Parliament. I offer my sympathies to him for the loss within his family.

The point I was making earlier in this debate was simply to reflect what we heard during the consultations. The 10-day reflection period is entrenched in the old Bill C-14. When Canada was embarking on this for the first time in its history, it was deemed necessary to do the work of ensuring that consideration and time for reflection was available.

What we have found four years after the fact, after extensive consultations, is that the goal of that 10-day reflection period was not actually doing what it was intended to do. As an unintended consequence it was actually prolonging suffering.

The point underscoring this difference in views on either side of the House is that when people get to the stage of asking for medical assistance in dying, they have already reflected upon it. They have already considered it and have gotten to that point after very appropriate and measured determination.

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, in an article yesterday, Joan Bryden of the Canadian Press reported that the Minister of Disability Inclusion believes that health practitioners should not be allowed to discuss the issue of medical assistance in dying until a patient asks about it, and that she is open to amending the legislation to make that clear. Some health care practitioners, however, disagree with that position, arguing that they have a duty to talk about all options available to patients. Have they ever thought about it? What are their thoughts on life and death? These are very simple questions.

The Canadian Nurses Association has urged the government to specifically clarify in the law that health practitioners can initiate discussions on medical assistance in dying with their patients. I would add that Jocelyn Downie, a professor of law and medicine at Dalhousie University in Halifax, said that informing patients about all options available to them is a fundamental principle of Canadian consent law. In her view, an amendment that prohibits raising the issue would be a cruel amendment and would fly in the face of well-established statutory and professional legal standards. She went on to say that it would also likely chill discussions of medical assistance in dying, as clinicians may fear liability.

I would like to know what the government really thinks about this matter.

Mr. Arif Virani: Madam Speaker, I appreciate the question from the member opposite. I want to point out two or three things.

First, there are quite a few protections for all doctors and nurses in the current legislation.

Second, they are quite free to discuss all options and the medical assistance in dying process before proceeding with that process. They are even encouraged to do so. That is exactly what is stated in the provisions concerning the second track, that is, in a situation where death is not reasonably foreseeable.

Third, in committee we discussed the position taken by the Canadian Nurses Association. It was noted that there is already a fairly wide range of protections for practitioners, whether nurses or doctors, against litigation or a complaint about their action, because they continue to have conscience rights, as well as the right to have an open discussion with their patients.

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, as the saying goes, never two without three.

I rise today in the House of Commons to speak once again to the issue of medical assistance in dying as it pertains to Bill C-7, an act to amend the Criminal Code. However, this time we have a deadline set by Justice Baudouin, namely December 18, 2020, so there is a sense of urgency now.

I am likely repeating myself today, but many people here have had unique experiences involving the end of a loved one's life. I am thinking in particular of one of my old friends, Stéphane, who died in palliative care at a very young age, in his twenties. He was supported by the excellent Maison Au Diapason. He was one of the youngest patients to die there and one of the first as well. This type of assistance is essential and useful.

As the Bloc Québécois critic for the status of women and seniors, I naturally took a special interest in this bill. In this speech, I will be reminding everyone of all the work that my party has done on this important issue, while emphasizing the great sensitivity of Quebeckers when it comes to medical assistance in dying. I will conclude with the position that certain seniors' and women's groups have taken on this issue and the recommendations they made that are extremely useful, but that are already several years old. They too are starting to get impatient.

First, let's talk about the reason for this debate. In September 2019, the Superior Court of Quebec ruled in favour of Nicole Gladu and Jean Truchon, both of whom had incurable degenerative diseases. The court stated that one of the eligibility criteria for medical assistance in dying was too restrictive, both in the federal legislation covering MAID and in Quebec's Act respecting end-of-life care.

These two brave individuals, with whom I have mutual acquaintances, simply asked to be able to die with dignity, without needlessly prolonging their suffering. Mr. Truchon, who had cerebral palsy, had lost the use of all four limbs and had difficulty speaking. Ms. Gladu, who has post-polio syndrome, is not able to control her pain with medication and cannot stay in the same position for too long because of the constant pain. She has said that she loves life too much to settle for mere existence. That is what she said.

What we are talking about here is the criterion of a reasonably foreseeable death. Justice Christine Baudouin said it well in her ruling:

> The Court has no hesitation in concluding that the reasonably foreseeable natural death requirement infringes Mr. Truchon and Ms. Gladu's rights to liberty and security, protected by section 7 of the Charter.

That is the crux of our debate. These advocates had been denied medical assistance in dying because their death was not reasonably foreseeable, even though they had legitimately demonstrated their desire to stop suffering. Jean Truchon had chosen to die in June 2020, but he moved up the date because of the pandemic. Nicole Gladu is still living, and I commend her for her courage and determination.

The Bloc Québécois's position on this ethical issue is very clear, and I want to thank the member for Montcalm for his excellent work. I will not be as technical as him, but he showed us that we are capable of working together, and I thank him for all of the improvements that he made to this bill.

As many members have already pointed out, legislators did not do their job properly with the former Bill C-14. As a result, issues of a social and political nature are being brought before the courts. We need to make sure that people who have irreversible illnesses are not forced to go to court to access MAID. Do we really want to inflict more suffering on people who are already suffering greatly by forcing them to go to court for the right to make the very personal decision about their end of life? This will inevitably happen if we cannot figure out a way to cover cognitive degenerative diseases.

Obviously, we agree that we need to proceed with caution before including mental health issues, but that is not the issue today, since MAID in mental health-related cases was excluded from the bill. Once again, this matter was brought before the Standing Committee on Health via a motion moved by my colleague from Montcalm.

Second, I want to talk about how important Quebec is in this context. Quebec enacted the country's first legislation on this subject. Wanda Morris, a member of a B.C. group that advocates for the right to die with dignity, talked about how a committee that got the unanimous support of all parties in the National Assembly was a model for the rest of Canada. She said it was reassuring to see how it was working in Quebec and that people were happy to have the option to die with dignity.

However, it is important to know that this bill was first introduced by Véronique Hivon and that it was the fruit of many years of research and consultations with individuals, doctors, ethicists and patients. Whereas 79% of Quebeckers are in favour of medical assistance in dying, only 68% of people in the rest of Canada are. Those numbers are worth knowing and mentioning.

In 2015, when all parties in Quebec's National Assembly unanimously welcomed the Supreme Court's ruling on medical assistance in dying, Véronique Hivon had this to say:

> Today is truly a great day for people who are ill, for people who are at the end of their lives...for Quebec and for all Quebeckers who participated in this democratic debate...that the National Assembly had the courage to initiate in 2009.

● (1040)

I believe that, collectively, Quebec has really paved the way, and we have done so in the best possible way, in a non-partisan, totally democratic way.

For the third part of my speech, I would like to tell you about a meeting I had with the Association féminine d'éducation et d'action sociale in my role as the Bloc Québécois critic for status of women, gender equality and seniors. At this meeting, these brave women shared with me their concerns about this issue.

I will quote the AFEAS 2018-19 issue guide:

> Is medical assistance in dying a quality of life issue? For those individuals who can no longer endure life and who meet the many criteria for obtaining this assistance, the opportunity to express their last wishes is undoubtedly welcome. This glimmer of autonomy can be reassuring and make it possible to face death more calmly. ... As the process for obtaining medical assistance in dying is very restrictive, those who use it probably do so for a very simple reason: they have lost all hope. ... This process cannot be accessed by individuals who are not at the end of life. ... People with degenerative diseases, who are suffering physically and mentally, do not have access to medical assistance in dying.

A brief submitted in 2010, or 10 years ago, to the Select Committee on Dying with Dignity, explained that the last moments are not always difficult because there are standards to guide medical practice and medical advances help relieve pain. However, despite everyone's goodwill, some people do have unfortunate experiences. Consequently, to prevent prolonged agony from depriving some people of their dignity and control over their lives, there are those calling for as a last resort the right to die with dignity, or the right to die at a time of one's choosing with assistance in this last stage.

Another brief pointed out that there have been four separate attempts to introduce similar legislation, specifically in 1994, 2005, 2008 and 2009, but these bills have never gone further than first reading. This needs to pass.

I will now read the conclusion from the AFEAS brief, as it is really powerful:

> Over the next few months, AFEAS members will continue to reflect on the framework in which individuals losing their autonomy or suffering from an incurable, disabling illness, or experiencing acute physical or mental pain without any prospect of relief will be able to clearly and unequivocally express their desire to stop fighting to live and seek assistance to die.
>
> Establishing the framework in which these decisions are made will be critical to ensuring that abuse cannot occur. The guidelines must be clear and precise so that all individuals can freely express their own choices, without any constraints and with full knowledge of all available options. It will be essential that all end-of-life services, including palliative care, be available and effective throughout Quebec so that patients have a real choice and do not feel forced to accept a "default" option because of a lack of adequate services or undue pressure from others.

I will also close now, in the hope that all of these comments and the lived experiences of the people in Quebec who made the request and wanted to die with dignity will afford Bill C-7 the same unanimous support from all members of the House of Commons so that we may all freely choose when we die. Let's take action.

● (1045)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I really appreciated the comments and speech from the hon. member on the other side.

On a number of occasions, here in the House today and in the Standing Committee on Justice and Human Rights, it has been suggested that we are wrong not to appeal the Truchon decision to the Supreme Court of Canada.

On this side of the House, we believe that Justice Baudouin's ruling in Truchon and Gladu was well documented, well expressed and well supported by the evidence.

What does the member think about the possibility of appealing this decision to the Supreme Court? Would that risk prolonging the pain and suffering of Canadians?

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for his comments.

I remind members that we have a deadline: December 18, 2020. This is our deadline to appeal the decision to the Supreme Court, after the original deadline was extended because of the COVID-19 crisis.

However, I think we are ready to make a decision. Everyone in the House can move this forward and pass the bill.

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I thank the member for Shefford for her excellent speech.

She mentioned my colleague from Joliette, Véronique Hivon, who did outstanding work in the Quebec National Assembly. She did politics differently. She talked to every party and said that they all needed to put partisanship aside, because this matter was too important.

Does my colleague from Shefford believe that the same kind of work has been done here, in the House?

Ms. Andréanne Larouche: Madam Speaker, I thank my hon. colleague from Joliette for the question.

Unfortunately, that was not the case. I recently had some conversations with Ms. Hivon and she looks forward to seeing this file come to a close. She brought this legislation to Quebec City with a lot of heart and passion.

I do not want to pass judgment, but it is too bad that here in the House certain religious beliefs have coloured the debate on medical assistance in dying and delayed passage of the bill. There was not the same unanimity in the House of Commons as there was in the National Assembly.

It is a shame because this file should go beyond our political persuasions. This issue should be rooted in science and based on the advice of ethicists, doctors and experts. I think everyone has the right to choose freely how they will die, and that goes beyond beliefs. People who do not want to use medical assistance in dying can make that choice, and the bill allows for that.

● (1050)

[*English*]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I thank the hon. member for Shefford for bringing the individual situations of the plaintiffs in the Truchon case before the House again and for recognizing their bravery.

My question has to do with the unfortunate line I have heard in public, and even from some members of the official opposition, that somehow we have no obligation in Parliament to meet the deadline imposed by the decision of Madam Justice Beaudoin in the Truchon case. Not meeting that deadline would have serious consequences in Quebec.

I would like to hear the hon. member's comments on the question of the importance of meeting the court deadline.

[*Translation*]

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for the question.

Indeed, the Superior Court of Quebec ordered federal and provincial legislation to be changed. That was supposed to be done before March 11, 2020. An extended deadline was granted by Justice Christine Baudouin and the deadline was pushed to December 18. I think there will be problems if we do not meet the December 18 deadline. That is why we must all move forward together and meet this deadline to avoid the problems that will come up if we do not comply with Justice Baudouin's order.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I thank my Bloc Québécois colleague for her very interesting and very important speech.

The details she shared about Jean Truchon's case enabled us to understand the situation and the plans that have to be made in such a case. As my friend from Esquimalt—Saanich—Sooke said, we really have to understand the importance and wisdom of Justice Baudouin's decision.

I just want to emphasize how important this bill is for reducing suffering across Canada. This bill will finally—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Unfortunately, I have to ask the member for Shefford to keep her comment very brief.

Ms. Andréanne Larouche: Madam Speaker, I thank my colleague for her comment.

She stressed the importance of this bill. Its primary purpose is to reduce everyone's suffering. Death is unavoidable. It is part of life. We are born and we know that, ultimately, we will die. We do not choose the moment of our birth, but—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate.

The hon. member for Esquimalt—Saanich—Sooke.

[*English*]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I am very surprised we are debating these two motions from the official opposition again in the House when these had been dealt with in committee. Without reflecting on the past decision of the Speaker, I have some concerns with respect to future precedence in declaring something particularly important, that it not open the Chair to the accusation of having a position on a particular question.

With that aside, I will turn to what is now before us.

Everyone in the House has sincerely held beliefs on this very important and difficult question of how we deal with end of life in Canada. It is important we all be careful not to impute motives to our fellow members in this debate however difficult that may be for us to do.

Turning to the content of these two motions, and again, I am surprised we are having a redo in the House.

Motion No. 2 talks about what is referred to officially as reflection period. What happens in actual fact is that those who request medical assistance in dying, where death is reasonably foreseeable, go through a very long and involved process with their spiritual advisers, their family and with the clinicians who are advising them on the end-of-life issues.

It is important to note that people are not choosing to end their lives when asking for medical assistance in dying. What they are doing is attempting to establish how they will deal with their inevitable death and to maintain their personal autonomy and control over the way that plays out. The New Democrats, in debate on medical assistance in dying, have always stated our priority is to keep in mind that what medical assistance in dying is designed to do is to reduce unnecessary suffering and not unduly prolong that suffering.

It is not just suffering for the patients, although that is one of the qualifications for being able to apply for medical assistance in dying, patients must be suffering intolerably, but also to reduce suffering for the families that are forced to bear witness to the suffering their loved ones are undergoing as they approach end of life.

What we have heard very clearly from those who are assessing and providing medical assistance is dying is that this 10-day period is not really a reflection period. It is a period that is imposed as a waiting period.

When I hear hon. members talk about people changing their minds, we need to look very carefully at what the evidence actually says. Yes, people who apply for medical assistance in dying do sometimes withdraw that request, but they almost always do so during the assessment period. Very few people do so during the waiting period. Of course, at any time they can still withdraw that consent, right up to the last moment.

Medical assessors and providers, as well as families, have said that the real impact of having such a 10-day period is simply to prolong suffering for everyone. When we look at the statistics on when those who applied for medical assistance in dying actually set a date for that assistance to be provided, we find that 50% or more of those are between the 11th and 14th day. In other words, they are being forced to wait out this period before they can assess medical assistance in dying.

It is very important we recognize that we may, and I believe we have, inadvertently prolong suffering through this so-called reflection period. Again, I remind members that we have heard again and again that this is not a snap decision people make; it is a decision that has been well considered with their families, spiritual advisers and with the physicians involved.

Motion No. 3 deals with those whose death is not reasonably foreseeable. It is important we remind ourselves that the condition of death being reasonably foreseeable was, in effect, taken out of medical assistance in dying legislation by the Truchon decision, not by Bill C-7.

The importance of Bill C-7 is that it would establish some special procedures that would be appropriate to those whose death is not reasonably foreseeable. In that case, it set a minimum period for assessment, which was set at 90 days. Again, people are calling this a reflection period. It is not a reflection period. Nor is it a deadline by which medical assistance in dying must be carried out.

● (1055)

The bill would set a minimum time for assessment. If the clinicians and the patient involved believe the assessment should take longer, it can take longer than the 90 days. Therefore, the 90 days is in fact an arbitrary number. I do not think it is reflected in any medical science. Extending that to 120 has that risk, once again, of inadvertently and unintentionally prolonging suffering for those who are at the end of life.

I will not go on too long today, but it is important that we not confuse suicide with medical assistance in dying. Suicide is very serious, and I send my condolences to all those who have lost loved ones.

Medical assistance in dying is not about taking one's own life. It is about the situation when one's life is ending and how one maintains a dignified end to that life and is able to do so without prolonging suffering. We have heard again and again from families and practitioners that no one involved in medical assistance in dying wants anyone to die. They are simply dealing with the realities that medical conditions have presented to them. With that, I will end my comments.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member will have five minutes of questions after Oral Questions.

STATEMENTS BY MEMBERS

[*English*]

RICHMOND HILL COMMUNITY FOOD BANK

Mr. Majid Jowhari (Richmond Hill, Lib.): Madam Speaker, on Saturday, November 21, our office collaborated with the Richmond Hill Lawn Bowling Club to hold a holiday food drive in support of the Richmond Hill Community Food Bank. A team of 20 volunteers led by Ted Pickles braved the cold from 10 a.m. to 1 p.m. to help collect 2,500 pounds of food and $2,500 of donations for the food bank.

I want to thank them, the mayor and the councillors for ward 4 and ward 5, who lent their support, as well as Bristol Car and Truck Rentals for providing us with a truck for the donation. The Richmond Hill Community Food Bank has helped over 1,300 clients a month this year and continues to support residents during these difficult times. I encourage all Canadians to donate to their local food bank if they can.

I thank the team of volunteers, Ted, the Richmond Hill Lawn Bowling Club and our community partners for their work in supporting our food bank. I am so proud to represent such an amazing community. I thank Richmond Hill.

● (1100)

PUBLIC SAFETY

Mr. Doug Shipley (Barrie—Springwater—Oro-Medonte, CPC): Madam Speaker, today I rise in the House to recognize the tragic shooting that ultimately took the life of 12-year-old Dante Andreatta. Dante and his mother were walking home after grocery shopping when two gang members started shooting at rivals. Horrifically, Dante was struck in the neck in the crossfire.

The two men charged with the murder have a long history of violent criminal activity. They are not sport shooters, duck hunters or legal firearms owners; they are criminals.

This brazen shooting, which took place in broad daylight, has impacted me greatly. As a father, I cannot imagine the pain Dante's mother, family and the community are going through.

After consultation with a boots-on-the-ground organization, the One by One Movement, we have learned there is a gang war raging in Toronto. However, the Prime Minister is waging his own war on legal firearms owners.

Community groups are begging for resources and to be heard. When will the Prime Minister step up for this family and this community?

* * *

PALESTINE

Mr. Marwan Tabbara (Kitchener South—Hespeler, Ind.): Madam Speaker, the United Nations General Assembly will meet on December 2 to vote in the matter of the inalienable rights of the Palestinian people, including their right to self-determination. Israel and Palestine have been embroiled in a conflict for over 72 years and have faced numerous failed peace negotiations.

There are many major factors standing in the way of a two-state solution and the creation of a Palestinian state. Grievances need to be acknowledged and peace must be made the main focus. Israel's allies, like Canada, need to make it increasingly clear that continued support for Israel is contingent on its willingness to enter serious negotiations.

The House should be supporting the government and an overwhelming majority of other countries in intensifying and broadening its support for pro-Palestinian resolutions.

* * *

[*Translation*]

2020 SME GALA

Mr. René Arseneault (Madawaska—Restigouche, Lib.): Madam Speaker, on November 21, the Edmundston and Upper Madawaska chambers of commerce held the 2020 SME Gala to mark small business week.

[*English*]

It was a successful evening that made it possible to honour, even in times of pandemic, entrepreneurs and companies.

[*Translation*]

Here are the winners in each category. Northwest Plumbing and Heating Inc. won the young entrepreneur award. Bobby's Car Wash and Auto Sales Inc. won the highest merit award. Frontière FM radio won the innovation award. Jack & Jill Pools won the evolution award. Hermance Laplante Alliance Realty won the civic engagement award. EMS Group won the Samuel E. Burpee award. Dr Aucoin Dentisterie intégrale won the entrepreneurial spirit award. Janel Ouellet Design won the Bâtisseur Louis-Philippe Nadeau award. Waska won the business of the year award.

I want to congratulate all these dynamic northwestern New Brunswick businesses for their outstanding work, even in a pandemic.

* * *

[*English*]

DECRIMINALIZATION OF DRUGS

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, the Minister of Health said she has the highest regard for Dr. Patricia Daly, Dr. Bonnie Henry and Mayor Kennedy Stewart. Why, then, has the minister refused to follow their sound advice and decriminalize simple drug possession to help save lives?

In B.C. alone, 1,386 people have died from overdose. Across the country, over 16,000 people have been taken by the war on drugs. The Downtown Eastside is under siege, with record overdose deaths, and it now has the highest COVID-19 infection rates in the city. Our communities are also grappling with the largest homeless encampments in the country.

We need urgent help from the federal government. Vancouver's city council is calling on the government to decriminalize, and the province wants the federal government to cost-share, fifty-fifty, in its aggressive pandemic housing plan to house the homeless. Housing advocates want the port to stand down and not pursue civil proceedings against those who acted in solidarity with the people—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Labrador.

* * *

● (1105)

COVID-19 PANDEMIC

Ms. Yvonne Jones (Labrador, Lib.): Madam Speaker, northerners have shown incredible strength and resilience in protecting their communities and loved ones from COVID-19. As cases continue to rise in Nunavut, we have heard the call from the Government of Nunavut, Inuit partners and community organizations for additional federal support—

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Gaspésie—Les Îles-de-la-Madeleine on a point of order.

Hon. Diane Lebouthillier: Madam Speaker, I would ask my colleague to use her headset, since we are not getting the French interpretation. We do not understand what she is saying.

[*English*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Could the hon. member for Labrador please put on her headset so the interpreters can interpret?

Ms. Yvonne Jones: Madam Speaker, unfortunately, my headset is not available. With consent, I will continue.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Does the hon. member have the consent of the House to continue?

[*English*]

An hon. member: No.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I am sorry but there is no consent. We have to have interpretation for oral statements.

The hon. member for Calgary Shepard.

* * *

COVID-19 PANDEMIC RESPONSE

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, the COVID-19 pandemic is serious. Compared with the Hong Kong flu in the late 1960s, COVID-19 has resulted in almost three times as many deaths.

This pandemic affects more than just our physical well-being. April to June saw 302 opioid-related deaths in Alberta, a 43% increase from the height of the opioid crisis in 2018.

A university study suggests the socio-economic upheaval surrounding the virus could result in over 2,100 more suicide deaths, above the Canadian average, by the end of 2021. The rising toll of suicides, marital breakdowns and spousal abuse must give pause to every decision-maker when looking at new restrictions and considering lockdowns. All factors need to be considered when choosing strategies to end this pandemic, including social wellness, mental health and economic survival.

My constituents are worried that the infringement on our constitutionally guaranteed rights, both big and small, by governments is not being offset by real, substantive gains that end the pandemic. We cannot continue this way forever.

[*Translation*]

HOCHELAGA

Ms. Soraya Martinez Ferrada (Hochelaga, Lib.): Madam Speaker, Hochelaga is at the heart of Montreal East.

This vast part of Montreal has a long industrial past. Several million square feet of land are contaminated, and there is a desperate need for transportation infrastructure. However, we in the east end strongly believe that this area is a hub for future economic, social and environmental development, the kind of development that acknowledges the importance of fighting climate change.

To successfully revitalize Montreal East, we must take environmental action, such as decontaminating the soil, developing public transit, encouraging the creation of businesses that support the circular economy, and more.

Last week, our government introduced the Canadian net-zero emissions accountability act. This bill will ensure that the government will be accountable to Canadians with respect to environmental targets. It will take many years to realize the full potential of Montreal East, but I am committed to working with all stakeholders to achieve this.

* * *

[*English*]

THE HOLODOMOR

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Madam Speaker, during Joseph Stalin's Russian regime in 1932-33, he forced starvation upon the Ukrainian people. That genocide has become recognized as the Holodomor.

When we look at the 1.3 million Canadians of Ukrainian heritage, we get an appreciation of why this is such an important event to remember. Whether people are of Ukrainian heritage or not, the brutal policy of starving people as a form of genocide is horrific. Children having to go into fields looking for food were being shot. A population was forced to eat roots and rats. All kinds of things of a horrific nature took place.

In Canada, we recognize the fourth Saturday of November as a time to reflect on that horrific incident and remember it.

* * *

● (1110)

[*Translation*]

FARMERS

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Madam Speaker, I want to ask this government's Minister of Agriculture and Agri-Food to pay just a little attention to the people who work every day to feed Canadians.

Farmers are the lifeblood of many of our rural communities. They have given a lot and we need to respect them. The Liberal government has made some fine promises to buy their silence and get them to agree to the concessions made during the most recent trade agreement negotiations. Now, it is time to provide the timeline for the promised payments to all eligible farmers and agriculture processors. That is the least this government can do to recognize the importance of the men and women who work in this critical sector of our economy.

Supply management must be protected, and our leader has committed to never use supply management as a bargaining chip in future negotiations. Enough is enough. Why put these business owners through that kind of stress? When someone is just trying to give the impression that they respect a group, they act like the Minister of Agriculture is acting. They are evasive and change the rules of the game.

I am asking the Minister of Agriculture to stop playing cat and mouse and to show respect for our farmers by keeping her word.

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OLD AYLMER CHRISTMAS MARKET

Mr. Greg Fergus (Hull—Aylmer, Lib.): Madam Speaker, the first snowfall heralded an abrupt start to winter and people are beginning to prepare for the upcoming holiday season.

That is a good thing for the Old Aylmer Christmas Market, which has a warm and lively experience in store for shoppers in this its seventh year of operation. I want to commend the organizers for their dedication and creativity. They have done a great job making this year's market even more magical than ever while following the public health guidelines.

This is an opportunity to buy local and stock up on products from Outaouais farmers and artisans.

[*English*]

For 27 years now, the Christmas festivities in Aylmer have been an opportunity for the community to come together and showcase the contributions of volunteers. Although the Santa Claus parade must be cancelled this year, the Old Aylmer Christmas Market will still be held. It supports local farmers, producers and artisans.

I invite all to come and enjoy Aylmer's natural beauty and heritage.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Kildonan—St. Paul.

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COVID-19 EMERGENCY RESPONSE

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Madam Speaker, as the fall economic update draws near, I want to draw the attention of the Minister of Finance to the health and economic well-being of Canadian women who have been hit hardest by the pandemic. In fact, Canada is one of the few countries in the world where women account for a greater proportion of both COVID-19 cases and deaths than men.

The economic impact of the pandemic on Canadian women has also been severe, and the ongoing mismanagement by the current Liberal government will continue to hamper Canada's economic recovery. The failure of the Prime Minister to enact a comprehensive plan to protect jobs that predominantly employ women has led to more than 20,000 women leaving the workforce altogether. The proportion of women working in Canada now is at its lowest level in 30 years, which is as long as I have been alive. It is quite incredible.

The biggest obstacle to the economic success of women in Canada, and in my riding, is the availability of the vaccine so that the economy can return to normal. Canadian women deserve to know when the vaccine will be available to them and their loved ones. They need to plan.

I am hopeful the Minister of Finance will include a detailed—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Louis-Saint-Laurent.

* * *

[*Translation*]

CONSECUTIVE SENTENCES IN THE CASE OF MULTIPLE MURDERS

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, four years ago, six Canadians were murdered at the Quebec City mosque. The murderer was sentenced to 40 years in prison without parole, which is what the law allows for in the case of multiple murders.

Yesterday, the Quebec Court of Appeal reduced that sentence to 25 years. The president of the Islamic Cultural Centre of Quebec City said:

> It's a sad day...It's not enough...he can get out in 25 years with good behaviour...but the people who died are gone, they will never come back.

The consecutive sentencing provision for multiple murders was enacted in a law passed in 2011. This is not a Conservative law. Yes, it was passed by our government, but it has remained in force for five years under the Liberal government. The appeal court judges called this law absurd, heinous and cruel.

In our mind, what is absurd, heinous and cruel is for six Muslim Canadians to gather at the Quebec City mosque and be murdered by a criminal.

* * *

● (1115)

[*English*]

VANCOUVER ISLAND WATERWAYS

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, the coastal waters of southern Vancouver Island and the Gulf Islands are truly beautiful and home to a vast array of life and delicate marine ecosystems. They are among the most diverse in the world's temperate waters and offer fantastic recreation opportunities, including scuba diving, whale-watching, sea kayaking and coastal cruising.

For untold centuries, these waters have supported vibrant first nations coastal communities and continue to do so today. Unfortunately, the natural beauty of this area is under threat from the presence of large freighters that are using our waters as an overflow industrial parking lot for the Port of Vancouver.

At the same time, the federal government is actively pursuing the establishment of a national marine conservation area here. If the Liberals truly believe in the work to establish this NMCA, I urge them to support my bill, Bill C-250, which amends the Canada Shipping Act to prohibit freighters from anchoring in these waters.

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[*Translation*]

SOCIAL ECONOMY MONTH

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I want to note that November is social economy month.

To my colleagues from other provinces who are not so familiar with this concept, since it is another thing specific to Quebec, the social economy is about co-operatives, not-for-profit organizations, and collective and inclusive entrepreneurship in service of the community.

It is about courageous people coming together to serve the people in their community, their fellow citizens. It is about the 22 centres playing a pivotal role in Quebec's economic development and an even bigger role outside the major urban centres.

The social economy refers to 11,200 businesses that generate $48 billion in revenues. It refers to 220,000 employees and 269,000 volunteers who stimulate an economy of proximity that is 100% Quebec based, with spinoffs that are 100% local.

On behalf of the Bloc Québécois, I want to thank all those people for their initiatives, their creativity, and their commitment to their community. I hope they continue to innovate together. Long live the social economy—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Haldimand—Norfolk.

* * *

[*English*]

DEANS OF THE CONSERVATIVE CAUCUS

Hon. Diane Finley (Haldimand—Norfolk, CPC): Madam Speaker, I rise today to honour the Deans of the Conservative Caucus: the member for Renfrew—Nipissing—Pembroke and the member for Lanark—Frontenac—Kingston. They both are celebrating the 20th anniversary of their elections to this great chamber.

These two members have always been steadfast in their dedication: one to good governance and Constitution matters, the other to our Canadian military and common sense. I can say first-hand that they both approach their jobs today with the same passion and conviction as they did when I first met them, over 16 years ago. They both remain fearless when it comes to voicing their and their constituents' views.

I invite the House to join me in thanking and congratulating these two hon. members for a combined 40 years of service to our great country.

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DEREK SELLECK

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Madam Speaker, I would like to take this opportunity to celebrate the life of a remarkable man, Master Corporal Derek Selleck. Derek served as a loyal member of the Canadian Armed Forces for over 20 years. He was a recipient of numerous awards and recognitions, including the Queen's Diamond Jubilee Medal. He served his country valiantly, as well as his community.

Humber River—Black Creek was where Derek called home. It is where he founded a multicultural women's organization that empowers women from all cultural backgrounds through sport, specifically soccer.

He was a selfless, generous man, who was proud of his legacy in the Armed Forces. My thoughts and prayers go out to his family, his brothers and sisters, and to all the community who have suffered a significant loss.

ORAL QUESTIONS

[*Translation*]

JUSTICE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, the murderer who killed six Canadians at the Quebec City mosque four years ago had his sentence reduced from 40 years to 25 years. The Quebec Court of Appeal rendered that decision yesterday. The court found the law allowing for consecutive sentences unconstitutional.

That law was passed by the previous Conservative government and has been upheld by the current Liberal government for the past five years. This law is a Canadian law. We fervently hope the Attorney General of Quebec will appeal the ruling to the Supreme Court.

What does the government think?

[*English*]

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I rise today as the parliamentary secretary, but also a Muslim Canadian member of this chamber. This decision will rekindle a great deal of hurt and anger among those who were affected by this terrible crime, including people like me in this chamber, as well the victims, their families, their friends, and people in Quebec and across the country.

Important questions are raised by this judgment, and we are going to examine this judgment fully. Our thoughts remain with the families and with the survivors. We have stood with them throughout, and we will continue to support them through this awful tragedy.

● (1120)

[*Translation*]

HEALTH

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, Canadians are unfortunately at the back of the pack when it comes to COVID-19.

The government was late in closing the borders. The government was late when it came to rapid tests, and now the government is late on vaccines.

I have a simple question for the government. When will Canadians be able to get the vaccine?

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, let's be very clear.

Every Canadian who chooses to be vaccinated will have access to a vaccine. This government has taken a dynamic, responsible approach to acquiring vaccines. We now have the best, most diverse portfolio of vaccines in the world. We have also laid the foundation for a distribution and logistics system, and we have been working with the provinces day and night since May to deploy it.

We will make sure that, when the vaccines are ready, Canada is ready.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Madam Speaker, the problem is that the vaccines are ready.

In just a few days, the British will be getting their first vaccines. In the coming weeks, the Americans and Germans will be getting theirs. By Christmas, which is just a few weeks away, over two billion people around the world will have gotten their vaccines before Canadians. One thing we know for sure is that we will not be getting vaccines for Christmas.

Can the government tell us if Canadians will get a vaccine before February 1?

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, I do not know if the member for Louis-Saint-Laurent knows people at the U.S. Food and Drug Administration, but I do not think it is responsible to speculate about what another country's regulatory body will do.

As we have been saying for a long time, we are in this with our allies, Australia, New Zealand, the United Kingdom and the European Union. We have a very substantial and comprehensive portfolio of vaccines, and we can assure Canadians that the vaccines will be available when Canada is ready, when—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Edmonton Mill Woods.

[*English*]

Hon. Tim Uppal (Edmonton Mill Woods, CPC): Madam Speaker, the Liberals spent hundreds of millions of dollars on Canadian production of the COVID-19 vaccine. In August, they announced that Canada would be able to make 250,000 doses by November. It is now the end of November, and the Prime Minister is saying that we do not have any domestic production capacity.

The reality is that, because of Liberal failures, Canada will be getting the vaccine after one third of the world's population does. What happened?

Mr. William Amos (Parliamentary Secretary to the Minister of Innovation, Science and Industry (Science), Lib.): Madam Speaker, when this pandemic began, Canadians understood that we did not have significant biomanufacturing capacity, and that was certainly not helped by the previous anti-science Conservative government. However, we have made significant investments, both prior to the pandemic and now during the pandemic, to augment our biomanufacturing capacity to enable life sciences investments at ISED.

We are continuing to do the right things and make the right investments, and our biomanufacturing capacity is increasing thanks to those investments.

Hon. Tim Uppal (Edmonton Mill Woods, CPC): Madam Speaker, just having a contract for a vaccine is very different than actually knowing when most Canadians will receive that vaccine.

What we do know is the Americans will be vaccinating 20 million of their population in December, and 30 million in January. By the middle of January, the U.S. will have vaccinated the equivalent of the entire population of Canada.

I am asking again, why is Canada at the back of the line when it comes to the COVID-19 vaccine?

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, from the outset, we have clearly recognized the unparalleled undertaking of procuring vaccines for Canadians and the challenges that come with it.

We have been working around the clock with our officials and provinces since May on a vaccine distribution system. We will continue to deliver the strongest possible response to COVID-19. We have said it in this chamber, and we have said it in committee. We have said it to the media and the public, and are happy to repeat it here again.

We will be receiving COVID-19 vaccines in the first quarter of 2021. We are confident in our position. Canadians can be very proud of the position that Canada is in. When a vaccine is in ready in Canada—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Saint-Jean.

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[*Translation*]

JUSTICE

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, the Liberals have even admitted that they filter the appointment of judges through a partisan tool, the “Liberalist”, to check the political connections of candidates.

According to reports yesterday from the Journal de Montréal and the CBC, the Liberals held an in camera vote to stop a committee investigation into patronage appointments to the bench.

The Minister of Justice keeps repeating that the appointment process is open and transparent. If the process is so open and transparent, why did the Liberals need to vote in secret to stop an investigation?

● (1125)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, we have brought in an open and transparent appointments process.

In 2016, we made essential reforms, including the reform to the judicial advisory committee. This led to the appointment of more than 400 exceptional legal experts to the bench.

The diversity of these appointments is also unprecedented. Of the judges appointed under the new process since 2016, 10% are from racialized communities, 5% identify as LGBTQ2, 3% are indigenous and 1% are people living with disabilities.

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, if the process is as good as the parliamentary secretary says it is, he should not be afraid if we ask some questions. That said, the media is reporting that the Liberals blocked a study in committee on the partisan appointment of judges. They were abetted by the NDP, once again, and it happened in camera, behind closed doors.

What did they offer the NDP to stifle the judicial appointment scandal? Was this the reward for extending eligibility for the wage subsidy to political parties, or will we start seeing NDP judges?

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, the Canadian Bar Association sent a letter to all parliamentarians.

It stated that the Canadian Bar Association had not accused the government of interfering in the process by appointing its friends, nor had it suggested that the process has resulted in the appointment of unworthy candidates.

It reiterated that merit must determine the best candidates, who also reflect the diversity of Canada's populations.

In 2016, our government made essential reforms and put in place an open and transparent appointment process.

* * *

[*English*]

INDIGENOUS AFFAIRS

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, this week the Canadian Human Rights Tribunal ordered the government to apply Jordan's Principle to non-status first nations children living off reserve who are recognized by their community.

The Liberal government has already received nine non-compliance orders from the tribunal regarding the racist treatment of indigenous children in care. Will the minister please commit today to not appealing this decision? Will the government do this, or will it continue to fight indigenous kids in court?

Hon. Marc Miller (Minister of Indigenous Services, Lib.): Madam Speaker, we welcome the order of the Canadian Human Rights Tribunal. I would note for the member opposite that our department is currently reviewing and revising what was said in the order, but we are looking forward to the implementation of this definition, which expands the definition of first nations children. It is so important for closing the socio-economic gap between non-indigenous and indigenous children.

I would note for the member opposite that, since 2016, we have provided 750,000 supports, and behind every support is an indigenous child, as well as budget investments of $1.2 billion in 2019 to close that gap as we continue to implement the order.

* * *

[*Translation*]

GOVERNMENT PROGRAMS

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, the Liberals are good at making fancy speeches and grand announcements.

They are not so good at answering Canadians' calls, however. In fact, the government has just stopped responding. Its programs are unclear and confusing. People have questions, but they are sick and tired of waiting hours on the phone to get the right information.

Will the Liberals provide the necessary resources to answer people's questions, or, at the very least, give parliamentarians a reliable tool to answer our constituents' questions?

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I can appreciate the member's question.

The government goes the best it can at providing the responses that are necessary in order to try to accommodate the type of answers that members are looking for. I know that the member is not necessarily specifically putting a question to a specific department, but, unfortunately, that is the best I can do for an answer.

* * *

HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, this week we found out that the delivery of the Pfizer vaccine will be, according to the minister, a just-in-time delivery method. This vaccine needs to be stored below -70°C. This means that our capacity to give that vaccine to Canadians depends on our capacity to store it.

By April 1, 2021, how many doses of the Pfizer vaccine will Canada be able to receive from the company per week?

● (1130)

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, what we have been repeatedly saying is that we have been working with the provinces for many months now, since May, in fact, day and night. The best people in the Government of Canada, and the best people right across this country, are working on this.

I want to take this opportunity to applaud the hard-working and dedicated public servants who are putting in place one of the world's most robust vaccine logistics and distribution systems, which will obviously conform to the requirements of specific vaccines. Canada will be ready when those vaccines are ready.

* * *

PUBLIC SAFETY

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, the government signed a contract with a company called CanSino regarding a COVID vaccine in early May. Contracts with the leading vaccine candidates were not signed until months later. The CanSino deal fell apart on August 26.

For the period between May 12, when the deal was announced, and August 26, was the Minister of Public Safety ever briefed by CSIS or the RCMP about potential problems with Canada signing a deal with CanSino for a COVID vaccine?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Madam Speaker, although I cannot speak to the specifics of any advice given by the national security establishment in this or any other case, let me assure the member opposite that the national security of services of Canada, CSIS and CSE, are very conscientious and comprehensive in the advice they give to government. We pay a great deal of attention to their advice.

* * *

HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, we know Canadians will not receive the COVID vaccine until months after other countries have. This will cost lives and jobs.

The government's decision to focus on a deal with CanSino, which may have been signed due to diplomatic priorities as opposed to health priorities, may have fallen apart due to diplomatic reprisal or advice from CSIS and the RCMP.

Did that decision have any role to play in why Canadians are so far behind in receiving doses of vaccines from other companies?

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, it is quite the contrary. Canada is in a very privileged position with a diversified portfolio of vaccine candidates. We look forward to the regulatory approval of all of those. In fact, of the first three that have received encouraging news, Canada has arrangements with all three of those vaccine candidates.

Canada compares very favourably. For example, with the Moderna vaccine, we were among the first in the world, in front the U.K. Canada is in a very good position. When vaccines are ready, Canada will be ready.

[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Madam Speaker, Canadians are becoming impatient, the provinces are becoming impatient and our health care system is stretched thin.

The government has been very vague about when we can expect vaccines. At the current rate, Canadians will be getting vaccines after some countries that Canada wants to help, which raises some questions about this government's standing on the world's stage.

Could we be given consideration and get the vaccines at the same time as the other G7 countries?

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, our order book and portfolio of vaccines compare favourably to those of the rest of the world.

Of our seven suppliers of potential vaccines, three have been very promising. This was good news. Canada is working with the 10 provinces and three territories and with those arranging the logistics to distribute the vaccines.

When the vaccines are ready, Canada will be ready.

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Madam Speaker, the government needs to consider all the options to strengthen Canada's vaccine production capacity.

One very simple way to do that is to provide Canadian companies with a long-term guarantee that the government will buy Canadian-made vaccines on a regular basis. That would support Canadian infrastructure and know-how.

When will the government sign long-term agreements with Canadian companies to manufacture vaccines?

Mr. William Amos (Parliamentary Secretary to the Minister of Innovation, Science and Industry (Science), Lib.): Madam Speaker, when the pandemic started, Canada's production capacity was minimal. It was important to address the lack of investment in production capacity.

This has been a problem for decades, and we immediately realized that we needed to invest in the country's production capacity.

That is what we did. We have increased that capacity. We are building it. I know that Canadians have confidence in the investments we are—

● (1135)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Montmagny—L'Islet—Kamouraska—Rivière-du-Loup.

* * *

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Madam Speaker, Dany Tremblay, the CEO of Plastiques Gagnon in Saint-Jean-Port-Joli has been waiting since June 1, 2019, for the foreign workers he hoped to bring in from Madagascar because they are not only qualified, but also francophone.

The labour market impact assessment has been complete since last year, but because of this government's delays, Mr. Tremblay just lost a $4-million-a-year contract that went to a plant in Mexico instead.

The Government of Canada has 300,000 employees. What is the Minister of Immigration, Refugees and Citizenship waiting for? When will he reassign as many of those employees as necessary to do something about these completely unacceptable delays?

Ms. Soraya Martinez Ferrada (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Madam Speaker, the pandemic has impacted nearly every aspect of our lives.

Local restrictions have resulted in the closure of many international visa centres, but Immigration, Refugees and Citizenship Canada's processing centres have remained open. We are continuing to increase capacity while respecting public health guidelines.

What is more, we have put a number of innovative measures in place to process existing applications as quickly as possible and reduce COVID-19-related delays.

* * *

HEALTH

Mrs. Marilène Gill (Manicouagan, BQ): Madam Speaker, this week, eight months into the pandemic, the Prime Minister informed us that the vaccine would arrive here later than in other countries.

Last night, the Prime Minister spoke with the Premier of Quebec, François Legault. Quebec is preparing its vaccination plan and wanted to know two fundamental things: When will Quebec receive its first doses and how many doses a week will it receive?

Did the Prime Minister provide him a response? Can he share it here? The public has the right to know.

Mr. Steven MacKinnon (Parliamentary Secretary to the Minister of Public Services and Procurement, Lib.): Madam Speaker, I can assure the hon. member and Canadians that the Government of Canada and the Government of Quebec are working together to deliver vaccines to Quebeckers and Canadians. They will do so by relying on the best portfolio of vaccine candidates in the world.

Once a vaccine is approved, we will be able to communicate more specific information to the provinces, but until then we will make sure that the logistics and distribution system is ready when the vaccine is ready. Quebeckers can rest assured.

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, the parliamentary secretary did not answer the question, but I suspect he does not know the answer.

It has been eight months since the race for the vaccine began, and the federal government has done nothing to have it produced here. It did not convince pharmaceutical companies to get licences from the more advanced companies, as is being done elsewhere. It did nothing to increase production capacity here. It has not aligned its approval process with that of advanced producer countries. The government put all its eggs in the foreign deal basket, and this week it is telling us that it lost the deal, so we have all lost.

How does the government explain this failure to Quebeckers?

Mr. William Amos (Parliamentary Secretary to the Minister of Innovation, Science and Industry (Science), Lib.): Madam Speaker, the Canadian public knows full well that the Harper Conservative government was hostile to science. It made cuts to research, cuts to funding for biotech companies and no investments in the manufacturing capacity of these companies.

Our government is investing in this area. We are building that capacity, and Canadians will be protected. We have everything we need in the vaccine portfolio. We are there for Canadians.

* * *

[*English*]

INTERNATIONAL TRADE

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Madam Speaker, it has been a week since the government announced a new trade deal between Canada and the United Kingdom, yet we still have few details. We have learned the government failed to consult in any meaningful way with businesses and labour over the entire three years it was apparently working on this deal. It is disappointing, it is top down and it is certainly a missed opportunity.

Why did the minister not feel it was important to reach out and hear from businesses and labour organizations?

● (1140)

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, when it comes to defending the interests of Canadians, we ensure the views and voices of all Canadians are heard. The new trade continuity agreement with the United Kingdom is not a comprehensive new trade agreement. It is a rollover essentially of CETA, which we negotiated over seven years and consulted extensively with all stakeholders during that time.

As we have always done, we will continue to engage with Canadian businesses, labour and key stakeholders on negotiating the full and comprehensive trade agreement with the U.K. that is upcoming in the next year.

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, the Liberal government claims to be protecting supply management, but it made some unprecedented concessions in the Canada-United States-Mexico agreement.

In 2019, the Minister of Agriculture and Agri-Food promised an eight-year compensation plan with a cheque in an election year, but dairy producers are still waiting for the seven other years. Egg and poultry producers have yet to receive anything, and the same goes for processors.

Canada is now starting negotiations with the United Kingdom. Will the Prime Minister commit to making no new concessions on supply management?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, as the Prime Minister has said many times, private sector access to supply management is prohibited in all future trade negotiations.

To be very clear with all of our dairy producers, not a single ounce of cheese will enter into the country through the transitional agreement with the United Kingdom. We have fought tooth and nail to protect supply management on behalf of our producers.

We are there for Quebeckers and Canadians across the country.

[*English*]

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Madam Speaker, the Minister of International Trade recently spoke about an agreement signed with Australia on wine excise taxes, saying she was pleased that we came to an agreement. This agreement will be devastating to Canadian domestic wineries as it gave Australia basically what it wanted, which was Canadian wineries paying an excise tax.

Can the minister please explain what is so pleasing about putting thousands of Canadian jobs at risk and having domestic Canadian wineries paying $40 million in new taxes?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, I would like to assure the member opposite that our government understands the tremendous value the wine industry brings to Canada and the contribution the sector brings to our reputation as a world-class agricultural producer. Our government will continue to stand up for Canadian workers and defend the interests of our Canadian wine industry. We are working closely with the provinces on this issue and will continue to stand up for Canadian workers and our wine industry.

Mr. Tony Baldinelli (Niagara Falls, CPC): Madam Speaker, last week, the Minister of Small Business, Export Promotion and International Trade's lack of response to my question on our important grape and wine sector spoke volumes about her government's commitment to this vital sector. It is our understanding that stakeholders in the Canadian wine industry have been meeting with senior government officials to discuss trade-compliant solutions to support the grape and wine industry after the excise tax exemption ends in 2022.

Is the government any closer to determining a solution to the problem that it created in the first place?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, as the member opposite has pointed out, we are working hand in hand with our wine industry and hard-working Canadian wine producers to find a solution to this issue. We are absolutely intent on continuing to defend our Canadian wine industry.

We will continue to work with all members across the aisle who are interested in this issue in order to find a solution.

* * *

SMALL BUSINESS

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, the government must support small businesses that are falling through the cracks.

The owners of Bear and Joey, a new restaurant in my riding, are facing the exact same challenges as other small business owners, but they had the bad luck of opening during a global pandemic. After years of planning and pouring their life savings into developing their business, they do not qualify for wage or rent subsidies.

When will the government give start-ups and all small businesses the help they need to survive, and stop leaving businesses like Bear and Joey to face this pandemic on their own.

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, as the member opposite has raised, our new rent subsidy and wage subsidy has passed. Now we are able to supply a subsidy of up to 90% on commercial rent.

With respect to new businesses and start-ups, such as the one in her riding, I would direct the member to the regional relief and recovery fund, which is there to ensure that no business and no entrepreneur in the country are left behind.

* * *

CHILD CARE

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, according to the Comox Valley Chamber of Commerce, 30% of small businesses are in desperate need of child care. Having universal, affordable and accessible child care has never been so important to Canadian families, particularly to women struggling with the second wave of the pandemic.

With the economic update on Monday, the Liberals must step up and partner with B.C. and other provinces to make historic investments in child care that will allow Canadian parents to rejoin the workforce.

After decades of broken promises, will the Liberals finally commit to making universal affordable child care a—

● (1145)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. minister.

Hon. Ahmed Hussen (Minister of Families, Children and Social Development, Lib.): Madam Speaker, this is a priority for us. We are on track to continue to invest over $7.5 billion. We have created over 40,000 affordable child care spaces since coming into office. We are also committed to creating a quarter of a million before and after school spaces.

In the Speech from the Throne, the hon. member has noted that we are committed to creating a national system of early learning and child care that is affordable and accessible to all parents in Canada.

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[*Translation*]

THE ENVIRONMENT

Ms. Annie Koutrakis (Vimy, Lib.): Madam Speaker, my constituents know that if we implement ambitious measures to fight climate change, we must also position our economy to meet the demands of the future. From the manufacturing sector to natural resources, Canada is well positioned to be a leader in the economy of tomorrow.

Can the Parliamentary Secretary to the Minister of Environment and Climate Change explain how the Canadian net-zero emissions accountability act will make it possible not only to guarantee—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Order. The hon. parliamentary secretary.

[*English*]

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Western Economic Diversification Canada) and to the Minister of Environment and Climate Change (Canada Water Agency), Lib.): Madam Speaker, I thank the member for Vimy for her important work on climate action.

Committing to transparency and accountability helps people and business owners plan and know that they can count on Canada to be a great place to invest. The net-zero emissions accountability act would build on the leadership of countless businesses and help position Canada to meet the future demands of global markets.

Canadians, industry, international markets and oil and gas companies know that net zero is good for both our economy and our environment.

PUBLIC SAFETY

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Madam Speaker, billions of dollars have been laundered into the country, leaving in its wake thousands of devastated families, killing so many sons, daughters, brothers and sisters from spiking opioid deaths.

Now the B.C. Attorney General has pointed the finger at the Liberal government for its lack of care and resources. He said, "There has been no change or an increase in police officers dedicated to anti-money laundering criminal investigations in the province."

Will the minister admit that by doing nothing, he is effectively letting criminals off the hook or is he going to continue to point the finger at others for his government's failures?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Madam Speaker, after, quite frankly, the scorched earth approach of the Harper Conservatives closing down money laundering, let me advise the member what we in fact have done.

Over the last two years alone, we have invested over $300 million in the RCMP, FINTRAC and the CRA. We have announced the establishment of a Public Safety action coordination and enforcement team. This month alone, the RCMP was further approved for $98 million to replace the offices closed by Conservatives with new integrated money laundering investigative teams—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Mission—Matsqui—Fraser Canyon.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, report after official report continue to show that B.C. and Canada have a serious money laundering problem. A year and a half ago the Liberals announced more RCMP support to combat this crime. However, B.C.'s Attorney General just stated, "I find this profoundly unfortunate, there has been no change or an increase in police officers dedicated to anti-money-laundering criminal investigations in the province."

This is unacceptable. How many new officers will B.C. receive and when? British Columbians want answers.

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Madam Speaker, it is unacceptable. Unfortunately, what the member just said is also incorrect.

As I have said, we have invested $300 million in the RCMP, FINTRAC and the CRA. We have announced the establishment and work is under way of the Public Safety action coordination and enforcement team. The CBSA's centre of expertise as well as amendments to the Criminal Code have taken place.

This month, the RCMP has approved the spending of $98 million toward the creation of new integrated money laundering investigative teams, adding additional officers in Alberta, Ontario, B.C. and Quebec. The RCMP has launched the—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Battle River—Crowfoot.

● (1150)

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Madam Speaker, rural crime is a huge issue in my riding. There was a bank robbery in Czar, police impersonators on Highway 41 and even a store in Amisk, owned by the mayor, was driven into and burglarized. These are just a few examples.

Things were bad before COVID-19 and it has only gotten worse since. The Liberals only response to date is to dismiss.

When will the minister and the government stop targeting law-abiding firearm owners, stop blaming Stephen Harper and actually take rural crime seriously?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Madam Speaker, let me assure the member opposite that we in fact do take this very seriously. We have made substantial amounts of money, $327 million, available to the provinces and territories right across the country, including in the member's province. I spoke recently to the provincial minister responsible and I asked her very clearly to tell the people of her province how they had spent and invested that money.

As an example, in Saskatchewan, the Attorney General has said that they are on the right track in dealing with rural crime and they have seen a 10% reduction. Similar data out of Alberta also shows that significant progress—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Fundy Royal.

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JUSTICE

Hon. Rob Moore (Fundy Royal, CPC): Madam Speaker, with it being Victims and Survivors of Crime Week, Canadians were outraged to read a decision yesterday that a provincial court struck down the law that would allow judges to hand out consecutive life sentences to the country's cruellest murderers.

If the government does not defend the law, it will have significant consequences across Canada. The minister failed to defend his government's previous Criminal Code amendments. Will he stand up for victims and their families by defending the law now?

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, as I said earlier on in question period, this decision is going to rekindle a great deal of hurt and anger among those who are affected by this terrible crime, including the Muslim Canadian community of which I count myself a member, the victims, their families, their friends, people in Quebec and across the country. There are important questions raised by the judgment and we will take the necessary time to fully examine it.

Our thoughts are focused with the families and the survivors. We have stood with them and with the Muslim Canadian community throughout this awful tragedy, and we will continue to do so.

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[*Translation*]

TOURISM INDUSTRY

Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ): Madam Speaker, tourism has been one of the industries to be hit the hardest by COVID-19. We can all agree that the tourism, restaurant, event and hotel industries for the most part do not even have the right to open their doors according to public health guidance. Eight months into the pandemic, they are still waiting for federal assistance.

The Minister of Economic Development has been telling us for eight months that tourism is important. She should prove it. On Monday, the government will provide its economic update.

Will it finally come up with a specific program for the tourism industry?

[*English*]

Mr. Terry Sheehan (Parliamentary Secretary to the Minister of Economic Development and Official Languages (FedNor), Lib.): Madam Speaker, the minister has put in place the regional relief and recovery fund, a $1.5-billion fund that is enabling many businesses, including those working in the hospitality industry, to get the help they need. In particular, in Quebec it has been very effective.

I would invite the member, if he has any particular cases, to contact me or the other parliamentary secretaries so we can work on a solution together.

[*Translation*]

Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ): Madam Speaker, it is really something that federal assistance does not meet the needs of the industries hit the hardest by COVID-19. We are talking about an industry that was paralyzed in the spring, that is paralyzed today and that is hearing that next summer will also be difficult because Ottawa is unable to get the vaccine on time. There will be an economic update on Monday. It is the last chance for many industries in Quebec.

Will the government finally announce a specific strategy for the tourism industry?

[*English*]

Mr. Terry Sheehan (Parliamentary Secretary to the Minister of Economic Development and Official Languages (FedNor), Lib.): Madam Speaker, we have been there from the get-go for the tourism industry through our wage subsidy, which has been extended into next year; our relief as it relates to rent; and the regional relief and recovery fund, a $1.5-billion fund for the tourism industry that thousands of workers and thousands of businesses across Canada are accessing.

We are going to continue to be there as long as we need and continue to support our very important tourism industry from coast to coast to coast.

● (1155)

AGRICULTURE AND AGRI-FOOD

Mr. Gary Vidal (Desnethé—Missinippi—Churchill River, CPC): Madam Speaker, Canadian farmers produce the highest-quality canola in the world. Health Canada recently announced it will make a decision on banning neonic insecticides in the next six months. The government, if it had consulted with canola producers, would know that neonics are strictly used as a seed treatment, are an essential tool in the production of canola and allow for a reduction in their reliance on foliar insecticides.

Will the minister commit to making decisions based on real science and consulting with Canadian canola producers?

Mr. Neil Ellis (Parliamentary Secretary to the Minister of Agriculture and Agri-Food, Lib.): Madam Speaker, since the start, we have been working with provincial and territorial counterparts to get through this crisis. We are listening to Canadians and have taken many measures to support them.

We launched the emergency processing fund of $77.5 million to help producers. We added an additional $200 million in borrowing capacity for the Canadian Dairy Commission. We made a $35-million investment to boost production for temporary foreign workers and address COVID outbreaks on farms, and a $50-million investment to help with mandatory isolation periods of temporary foreign workers.

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PERSONS WITH DISABILITIES

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, during the justice committee hearings on Bill C-7, Minister Qualtrough admitted that it is easier to get—

Some hon. members: Oh, oh!

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member cannot use names in the House.

Mrs. Tamara Jansen: Madam Speaker, Liberal committee members voted against improving access to medical services for disabled Canadians while rushing to making euthanasia a standard of care. On this side of the House we listened to the disability community when they told us that the bill is their "worst nightmare".

Why will the government not listen?

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, the issue of sensitivity toward persons with disabilities is central for all parliamentarians in the House. We are crafting a piece of legislation that ensures the autonomy, dignity and competence of individuals who choose this path, while all the time ensuring that there are safeguards in place to protect those who are vulnerable. Ensuring the competence and dignity of Canadians is critical.

This is a delicate issue. It is a moral issue. It is a profound issue. It is one we are deeply concerned about, and we are taking all necessary steps.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, this week at the justice committee, Liberal MPs, incredibly, rejected all amendments to Bill C-7 to protect the vulnerable.

In its reckless rush to ram through this shoddy bill, why is the government ignoring the pleas of virtually every national disability rights organization, more than 1,000 physicians and other important voices for vulnerable and marginalized Canadians?

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I would point out for the member's edification, and for members of the House, that two amendments were accepted: one by the NDP and one by the Green Party.

The second important piece to conceptualize here is that much has been made about the competence and autonomy of individuals choosing the path of MAID.

Madame Gladu and Mr. Truchon were persons with a disability. What the court said in that important case is that denying people with disabilities the same access to MAID that is provided to persons with abilities renders their autonomy, their competence and their dignity in question. That is what we are seeking to address, that particular void. That is what the bill—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Alfred-Pellan.

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[*Translation*]

SOCIAL DEVELOPMENT

Mr. Angelo Iacono (Alfred-Pellan, Lib.): Madam Speaker, Black communities in Laval are active in the business world and community life. Their involvement helps to enhance Laval's prosperity and vitality, but they are still facing many obstacles in 2020.

Could the minister explain to Black communities in Laval what our government is doing to support our Black business owners and community leaders?

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Madam Speaker, I thank my colleague for his important question and his work with Laval business owners.

Our government knows that, when everyone participates in the economy, everyone benefits. That is why, earlier this week, we announced the launch of two of the three pillars of the Black entrepreneurship program, the first program of its kind in Canada.

We know that systemic racism exists. It exists everywhere, including in the business community, and to fight it, we need to take concrete action like we are doing with this innovative program.

* * *

[*English*]

JUSTICE

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Madam Speaker, for months, the Liberals left my private member's bill to legalize single-event sports betting in limbo while they shut down Parliament. At that time, it simply was not a priority. Now the government has brought forward its own legislation on this matter. The fact is that tourism, gaming and sport sectors need the help right now.

Will the government commit today to bringing the bill for debate and a vote without further delay?

● (1200)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, our government is committed to ensuring that those who engage in gambling can do so in a safe and regulated way. The current laws prohibiting single-event sports betting allow organized crime to profit and create economic disparities for our communities.

That is why we are proposing changes to the legislation that has been tabled to allow the provinces and territories to regulate this and for Canadian communities to benefit from the revenues. These changes will also bring about additional transparency to support responsible gambling and provide assistance to those in need of support.

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[*Translation*]

EMPLOYMENT INSURANCE

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Madam Speaker, a father in my riding who meets all the employment insurance criteria is being forced to fight the system. Why? It is because he is a Quebecker who took parental leave and applied for the CERB. The system cannot handle his situation. Only parents in Quebec are suffering such discrimination. This Liberal government has once again forgotten about Quebeckers.

When will the Minister of Employment fix this glitch in the system, and more importantly, when will this Liberal government respect Quebeckers?

Hon. Carla Qualtrough (Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Madam Speaker, I can assure my colleague that we have made changes to the EI system for all Canadians, including Quebeckers. I will absolutely look into the case raised by my colleague, and I will get back to him as soon as possible.

[*English*]

HEALTH

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, the holidays are less than a month away, and like many Canadians across the country, I am concerned that I may not be able to visit my mom in her long-term care home because of a lacking rapid testing capacity at nursing homes. For months, while other developed nations offered rapid testing to their populations, the government dithered and refused to approve rapid tests until only recently.

Can the government promise Canadians that nursing homes will have enough rapid tests to reunite families in time for Christmas across this country?

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Madam Speaker, we know that holiday celebrations are going to be different this year. We are asking that folks check with their local public health officials before they make any plans.

On rapid tests, I have some current numbers. Ontario has received over 2,076,000 rapid tests already and is starting to use them. Quebec has 1.3 million tests. B.C. has 627,000 tests. Nova Scotia has 70,992 tests. There are also pop-up rapid testing sites popping up all over my community today and tomorrow. Rapid tests are out there and they are being used.

* * *

THE ENVIRONMENT

Mr. Ryan Turnbull (Whitby, Lib.): Madam Speaker, last week our government tabled an important bill on our pathway to achieve net-zero emissions by 2050. My constituents and all Canadians want to see how our industries will produce the cleanest, greenest and most cutting-edge products in the world. They want to know they will have access to new jobs and careers in a competitive economy that will last to 2030 and beyond.

Can the Parliamentary Secretary to the Minister of Environment and Climate Change please update the House on how we can get to a cleaner future and stronger economy at the same time?

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Western Economic Diversification Canada) and to the Minister of Environment and Climate Change (Canada Water Agency), Lib.): Madam Speaker, I thank the hon. member for Whitby for his commitment to delivering a better future.

We know that around the world countries, industry and businesses are moving to a cleaner, innovative low-carbon future. Last week, we saw the same here in Canada as industry, labour, environmentalists, boards of trade and major energy companies all said that the Canadian net-zero emissions accountability act is an important step toward achieving a net-zero future by 2050.

We agree with them that good environmental policy is good business.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, the Canada Energy Regulator's latest report shows that if the government honours its climate commitments and its new climate accountability bill, it will be pushing pipeline expansions in a world where Canada's energy sector does not even need them.

The Liberals are not on track to meeting our 2030 climate targets, and without a significant change of course we will not reach net zero by 2050. They have a chance to show they are serious about tackling climate change, so will the Liberals stop pushing TMX and Keystone XL for a world where they will not be needed?

● (1205)

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Western Economic Diversification Canada) and to the Minister of Environment and Climate Change (Canada Water Agency), Lib.): Madam Speaker, the Canadian net-zero emissions accountability act will hold the federal government to a commitment of achieving net-zero emissions by 2050.

Countries around the world are accelerating their transition to a net-zero economy and Canada simply cannot fall behind. We must seize the economic opportunity that climate action presents. Net zero is not just a plan for a healthier environment, it is a plan to build a cleaner, more innovative and more competitive economy.

* * *

FOREIGN AFFAIRS

Mr. Marwan Tabbara (Kitchener South—Hespeler, Ind.): Madam Speaker, previous Liberal governments have had a strong track record supporting Palestinians at the United Nations. Soon after Harper was elected, the country's support for Palestine took a sharp nosedive. Canada's anti-Palestinian voting pattern has put us out of step with the vast majority of countries.

Can the minister please explain when Canada will rejoin the international community and support the legitimate aspirations of Palestinian people?

Mr. Robert Oliphant (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Madam Speaker, I would like to recognize the member for his hard work as Chair of the Canada-Palestine parliamentary friendship group.

Let me state very clearly Canada is a steadfast friend and ally of Israel. Canada is also a steadfast friend of the Palestinian people, and we are committed to a comprehensive, just and lasting peace in the Middle East, including the creation of a Palestinian state living side by side in peace and security with Israel.

That principle guides all actions in this regard: a two-state solution. Our position remains that this can only be achieved through direct negotiations between the parties. We urge them to create those conditions to come back to the table.

* * *

POINTS OF ORDER

STATEMENTS BY MEMBERS

Ms. Yvonne Jones (Labrador, Lib.): Madam Speaker, I rise on a point of order. I apologize to the House and the interpreters. My headset had broken. There is a new set en route to me. As members know, I live in the north and these things take a little time. The House said that the earbuds I am using with the microphone would help with interpretation. Therefore, I would ask for the consent of the House to give my S.O. 31 statement.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Does the hon. member have the unanimous consent of the House?

Some hon. members: Agreed.

Ms. Yvonne Jones: Madam Speaker, northerners have shown incredible strength and resilience in protecting their communities and loved ones from COVID-19. As cases continue to rise in Nunavut, we have heard the call from the Government of Nunavut, Inuit partners and community organizations for additional federal support for health services, connectivity, food security, PPE, cleaning supplies and more to assist their affected communities.

Our government responded by providing additional urgent assistance to the Government of Nunavut and to Nunavut Tunngavik Incorporated. The nearly $20 million in immediate federal funding will help support northern communities and Inuit partners to keep people safe and prevent the further spread of COVID-19.

I want to commend and thank the leadership of the Government of Nunavut, our Inuit partners, health professionals and all frontline workers in keeping people safe. We will not hesitate to provide additional support as needed. By working together, our government is ensuring that communities—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I apologize, but the time is up.

ORAL QUESTIONS

Mr. Sean Fraser (Parliamentary Secretary to the Minister of Finance and to the Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.): Madam Speaker, this is not the first time I have raised the same point of order.

On at least three occasions during question period, we had members interrupt while answers were being given. I believe the member for Battle River—Crowfoot spoke twice and the member for Mission—Matsqui—Fraser Canyon spoke once.

I would remind all members of the House that, for those of us who are participating virtually, when members take themselves off mute to interrupt a minister giving an answer, it literally makes it impossible to hear the answer. Though we may disagree with it, I think it is important that the person who has the floor is able to give the answer so all members can benefit from it.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I thank the parliamentary secretary very much for this reminder to all members, when they are participating virtually, to please make sure their mikes are on mute.

ROUTINE PROCEEDINGS

● (1210)

[*Translation*]

COMMITTEES OF THE HOUSE

FOREIGN AFFAIRS AND INTERNATIONAL DEVELOPMENT

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Madam Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Foreign Affairs and International Development, entitled "Main Estimates 2020-21".

[*English*]

GOVERNMENT OPERATIONS AND ESTIMATES

Mr. Robert Kitchen (Souris-Moose Mountain, CPC): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Government Operations and Estimates in relation to the main estimates 2020-21.

The committee has considered the estimates referred by the House and reports the same back without amendment.

INDUSTRY, SCIENCE AND TECHNOLOGY

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Industry, Science and Technology, in relation to its study of fraud calls in Canada.

Pursuant to Standing Order 109, the committee requests the government table a comprehensive response to this report.

[*Translation*]

I also have the honour to present, in both official languages, the second report of the Standing Committee on Industry, Science and Technology, in accordance with the orders of reference of Monday, April 20, 2020, and Wednesday, September 30, 2020, concerning the main estimates 2020-21.

[*English*]

Mr. Speaker, I have the honour to present, in both official languages, the third report of the Standing Committee on Industry, Science and Technology, regarding its study of the order in council appointment of Lisa Campbell to the position of president of the Canadian Space Agency.

[*Translation*]

Finally, I have the honour to present, in both official languages, the fourth report of the Standing Committee on Industry, Science and Technology, regarding its study of the order in council appointment of Marsha Walden to the position of president and chief executive officer of the Canadian Tourism Commission.

[*English*]

PUBLIC SAFETY AND NATIONAL SECURITY

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, with the able assistance of our new clerk, Mark D'Amore, and after an intense two-hour debate among and between members, the minister and officials, and with a special notable contribution from the member for Medicine Hat—Cardston—Warner, I have the honour to present, in both official languages, the following two reports of the Standing Committee on Public Safety and National Security.

[*Translation*]

The first report is entitled "Main Estimates, 2020-21", and the second report is entitled "Supplementary Estimates (B), 2020-21".

HUMAN RESOURCES, SKILLS AND SOCIAL DEVELOPMENT AND THE STATUS OF PERSONS WITH DISABILITIES

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities regarding the Main Estimates 2020-21. Our committee has considered the votes referred to it by the House and reports the same without amendment.

[*English*]

We had no fewer than four ministers appear on the estimates. We want to thank them, the hard-working public servants who support them, and the members of Parliament for their work in this regard.

● (1215)

AGRICULTURE AND AGRI-FOOD

Mr. Pat Finnigan (Miramichi—Grand Lake, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the Standing Committee on Agriculture and Agri-Food, entitled "Main Estimates 2020-21".

* * *

FISHERIES ACT

Mr. Gord Johns (Courtenay—Alberni, NDP) moved for leave to introduce Bill C-257, An Act to amend the Fisheries Act (closed containment aquaculture).

He said: Mr. Speaker, as you are well aware, there is a wild salmon emergency in B.C. Therefore, today it is my honour to rise and introduce a bill, seconded by the member for Victoria, that would strengthen the Fisheries Act by requiring British Columbia fish farms to move from harmful open-net pens to safe closed containment systems.

The bill has been introduced three times by my friend, former colleague and B.C. MLA Fin Donnelly, who was just named the parliamentary secretary for fisheries and aquaculture. It is beyond time for the government to act. Three successive governments have failed to get the job done. My bill sets out a timeline and directs the minister to deliver a plan within one year of receiving royal assent, not at some unknown date in the future.

We have the potential to be leaders in closed containment. It is imperative that the government act now to save wild Pacific salmon while protecting the sensitive ecosystems where we work and live, and protecting the important jobs and workers in this industry.

(Motions deemed adopted, bill read the first time and printed)

* * *

PETITIONS

HUMAN RIGHTS

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, I am happy to rise today on behalf of petitioners who are asking the Canadian government to recognize that the Chinese Communist Party is perpetrating a genocide against the Uighur people.

The petitioners ask that the government formally recognize that Uighurs in China have been and are being subject to genocide, and that the government use the Justice for Victims of Corrupt Foreign Officials Act, the Magnitsky act, to sanction those who are responsible for the crimes being committed against the Uighur people.

FAMILY PHYSICIANS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to present petition 10625058 today, dealing with an issue that constituents tell me is a daily concern, which is the significant shortage of family physicians. The petitioners point out that, according to Statistics Canada, 4.8 million Canadians do not have their own family physician.

The petitioners call upon the government to create a holistic, full program to ensure access to family doctors. We have doctors in Canada, and new doctors coming on stream, but they tend to mostly head to urban areas, which is of particular concern in areas like Saanich—Gulf Islands.

FOREIGN AFFAIRS

Mr. Bryan May (Cambridge, Lib.): Mr. Speaker, as chair of the Canada-Armenia Parliamentary Friendship Group, I rise today to present a petition on behalf of many members in my riding of Cambridge and many Armenian Canadians across the country.

E-petition 2885 garnered over 3,300 signatures, and it is regarding the recent fighting in Artsakh, or Nagorno-Karabakh, which caused the tragic death of far too many civilians and drove thousands upon thousands of people from their homes.

● (1220)

HUMAN RIGHTS

Mr. David Sweet (Flamborough—Glanbrook, CPC): Mr. Speaker, I have two petitions to present.

The first petition is germane to a decision that was made by the Subcommittee on International Human Rights. The petitioners call upon the House of Commons and the Government of Canada to recognize that what is happening to the Uighur Muslims in East Turkestan, also known as Xinjiang, as a genocide.

HUMAN ORGAN TRAFFICKING

Mr. David Sweet (Flamborough—Glanbrook, CPC): Mr. Speaker, in the second petition I am presenting, the petitioners are asking the government to recognize and take seriously the increase in the trafficking of human organs internationally.

As there are currently two bills before Parliament proposing to impede the trafficking of human organs, Bill C-350 as well as Bill S-204, the petitioners call upon the House of Commons and the Government of Canada to pass these bills expeditiously to ensure the reduction of trafficking in human organs.

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, I am presenting two petitions today.

One is on behalf of Canadians who are very concerned about organ harvesting. It has been proven that there is a practice where Canadians can go overseas and obtain an organ that has been illegally trafficked and taken from someone's body. There is a bill, Bill S-204, that the people who have signed this petition are calling upon the House to support and to move forward as quickly as possible.

HUMAN RIGHTS

Ms. Rachael Harder (Lethbridge, CPC): Mr. Speaker, the second petition that I wish to present today has to do with the Uighurs, a minority group in China who are being severely mistreated by the Chinese Communist Party. In fact, there is evidence that there is perhaps a genocide taking place.

Again, those who have signed the petition are calling upon Canada to take action on behalf of those who are being persecuted by the Communist regime.

OPIOIDS

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I have the honour and privilege to table this petition today. It is around the opioid crisis, where over 15,000 people have died from a preventable opioid overdose resulting from fentanyl-poisoned sources.

It is timely that I table this petition as we have seen a 93% increase in indigenous overdose deaths, including a good friend of mine's son this week in Nuu-chah-nulth territory, so this is really touching and meaningful to me.

The petitioners ask that the government take action and declare the current overdose crisis an emergency under the Emergencies Act in order to manage and resource it, reform current drug policy, and create with urgency and immediacy a system to prevent and provide safe, unadulterated access to substances so that people who use substances experimentally, recreationally or chronically are not at imminent risk of overdose due to a contaminated source.

POLICE RECRUITMENT

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, it gives me great pleasure to be able to table this petition today, which calls on the government to enhance transparency with regard to police recruiting in Canada. This petition was signed by 40 Canadians, thanks in large part to the leadership of Theresa Doherty, who has passionately advocated for this cause for quite some time and whose ongoing efforts I would like to recognize today.

HUMAN RIGHTS

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, I would also like to table a second petition asking for the Government of Canada to recognize and take actions on what the Chinese government is doing when it comes to the Uighur people. There is great evidence showing that there is a genocide taking place and Canadians are asking the government to take action.

HUMAN ORGAN TRAFFICKING

Mr. Scott Reid (Lanark—Frontenac—Kingston, CPC): Madam Speaker, today is the 20th anniversary of my first election. I will not say that it gives me pleasure, but it seems fitting and appropriate that I am once again returning to a subject that I addressed in my very first address to the House 20 years ago, which at the time was human rights in China and the treatment of Falun Gong.

This is a petition signed by many Canadians on the subject of a piece of legislation currently before the Senate that would deal with the issue of organ harvesting where organs are taken involuntarily, that is to say by people who have been forced into confinement and had organs removed, often with fatal results. This takes place in China and has been done to victimize many Falun Gong practitioners. Testimony was given before the human rights committee when I was the chair by eminent human rights experts, David Kilgour and David Matas, on this subject.

The petitioners ask that Bill S-204, currently before the Senate, be expedited. This bill would amend the Criminal Code and the Immigration and Refugee Protection Act, to make sure that Canadians are prohibited from travelling abroad in order to benefit from organs that have been removed without consent from their human donors, and also to render it inadmissible for Canada to admit any permanent resident or foreign national who has participated in the trade of involuntarily donated human organs.

● (1225)

FOREIGN AFFAIRS

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, it is a pleasure for me to be presenting four petitions in the House today.

The first is e-petition 2835, and it was put together by Saskatchewan Stands with Hong Kong, so I want to congratulate them on their work. It deals, specifically, with the issue of foreign intimidation and interference, along similar lines to a motion that I have just put before the House, Motion No. 55.

Petitioners identify a number of different issues of concern, including the statements of former ambassador John McCallum on the Meng Wanzhou case, as well as the fact that our foreign affairs minister used to own properties that were mortgaged under a Chinese state-owned bank.

Petitioners call for a commitment to openness, transparency and accountability to Canadian citizens, especially as it relates to the recent uptick in potential foreign influence from the People's Republic of China, and the review and implementation of legislation to counter foreign interference and influence, looking in particular to experiences of other democratic countries, like Australia, that have effectively addressed these problems.

AFGHAN MINORITY COMMUNITIES

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the second petition highlights the challenging experiences and the persecution of Afghanistan's Sikh and Hindu minority communities. I had an opportunity to highlight this issue before the foreign affairs committee in questioning a witness from the UNHCR yesterday.

Petitioners are calling on the Minister of Immigration, Refugees and Citizenship to use the powers granted to him to create a special program to help persecuted minorities in Afghanistan. They are also calling on the Minister of Foreign Affairs to advocate for these communities in his interaction with his Afghan counterparts.

HUMAN RIGHTS

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the third petition highlights the plight of Uighurs and other Turkic Muslims in China, including things like forced sterilization, forced insertion of IUDs and forced abortion as part of a coordinated effort to bring down the population, what one expert has called the largest mass detention of a minority community since the Holocaust.

Petitioners call for recognition of these crimes, as well as for the use of Magnitsky act sanctions to target those responsible for these abuses.

HUMAN ORGAN TRAFFICKING

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the fourth and final petition is in support of Bill S-204, a bill that would make it a criminal offence for a person to go abroad and receive an organ in a case where the person from whom the organ comes has not properly consented. This bill seeks to combat the horrific practice of forced organ harvesting and trafficking.

A bill like it almost passed in the last Parliament. Petitioners are hoping this Parliament will be the one that finally gets it done.

HUMAN RIGHTS

Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC): Madam Speaker, I rise today to present a petition on behalf of Canadians, with relation to the ongoing genocide and actions against the Uighur minority population. The petitioners are calling upon the House to recognize the ongoing situation as a genocide and to take appropriate sanctions against the Chinese Communist Party.

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I would ask that all questions be allowed to stand at this time, please.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

● (1230)

[*English*]

CRIMINAL CODE

The House resumed consideration of Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), as reported with amendments from the committee, and of the motions in Group No. 1.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I appreciated the speech given by the member for Esquimalt—Saanich—Sooke prior to question period and his contributions at the justice committee in the very sensitive and measured study of this bill.

In respect of what he heard at committee and in respect of his interest in this legislation, I wonder if he could comment on the amendment that he suggested, which was eventually adopted by the committee, in respect of ensuring that when someone is on track two, as it is known, where one's death is not reasonably foreseeable, the expertise is available to do a robust and rigorous assessment of the conditions and one's eligibility for MAID.

What motivated that kind of amendment? What is it geared towards addressing?

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, what I would say is that in the new track two, because there will be a broader range of medical conditions that may allow people to apply for medical assistance in dying, there are additional procedures required. One of those is for the assessors to seek extra expertise before the provision of medical assistance in dying.

The amendment I suggested came from the Association of MAID Assessors and Providers, which was to clarify that they could seek additional expertise, not from specialists but from those who are familiar, and perhaps more familiar than they might be, with the condition that is causing the patient's suffering.

The amendment clarifies how this is to proceed and who is to do the consultation. This is particularly important in rural and remote areas, where physicians may not have at hand those who could serve as assessors who have expertise in every medical condition that will now be covered under the track two.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I know that my hon. friend has taken issue with the use, by some people in the medical community and patient advocates, of the term "same-day death" to describe the implications of this legislation.

However, the fact that the committee rejected an amendment that would leave in place a 10-day reflection period, the fact that the committee rejected an amendment that would allow a seven-day reflection period, and the fact that no amendments were proposed to have any kind of reflection period in place whatsoever, not 36 hours, not 24 hours, the implication, very clearly, is that the law allows same-day death. The law allows somebody to make a decision and be approved, and then receive euthanasia or medical assistance in dying that same day.

Would the member recognize that without the amendment proposed by my colleague from St. Albert—Edmonton, we will end up with same-day death in Canada?

Mr. Randall Garrison: Madam Speaker, I am going to be very careful not to impute motive, but anyone who understands how medical assistance in dying works knows that these phrases of "same-day dying" and "same-day death" are completely and utterly false. The only way this could happen would be that the assessment procedures specified in law were not followed.

He is in fact saying that the only way we would have same-day death is if the medical professionals involved violated both the law and the professional standards to which they are subject. I do not know why people continue to insist that this is something that would be possible, when clearly it is not.

Mr. Garnett Genuis: Madam Speaker, the member should acknowledge that in the legislation there are no timelines set in the context of those assessment processes. Those assessment processes might take a longer period of time, but they might not. What is required by the law is two physicians signing off on the criteria having been met. There are absolutely no timelines around that.

The member has to recognize the reality of the law, and if he does not want same-day death to happen, all he has to do is vote in favour of the amendment from my colleague. The amendment alone would prevent same-day death from becoming a reality.

Mr. Randall Garrison: Madam Speaker, I cannot thank the member for the question. That is a shameful statement to make in the House of Commons. It accuses physicians of being prepared to act both unethically and illegally in the way they assess those eligible for medical assistance in dying.

I just cannot understand what the motives are of those who are trying to suggest that this is, indeed, a real possibility.

Ms. Rachael Harder (Lethbridge, CPC): Madam Speaker, when I was in high school I had the privilege of looking after an elderly lady who had MS. She was bound to a wheelchair and needed assistance on the weekends. I would provide respite care.

At the time her husband had left her, unfortunately, for her first caregiver. She was left abandoned, sometimes feeling depressed, discouraged and absolutely questioning life, but nevertheless offered hope and something of great worth and value to me as a young person in high school.

I would spend time with her listening to her stories and her reflections, and she modelled for me this great depth of character, humility, kindness, and an understanding that life sometimes gets difficult, but one puts their head up and keeps going.

I would talk to her about the challenges I faced in high school. She would walk me through them and she would offer her perspective and her insight. She always helped me come back into alignment. I cannot imagine living through high school without the blessing Sheila offered in my life at that time. I am incredibly thankful for the contributions she made.

The legislation before this House, Bill C-7, has to do with making changes to the parameters around physician-assisted death. People like Sheila will be put at risk. They will be put in harm's way should this legislation go through. It certainly seems that is the direction we are going here today, and it is unfortunate.

I would like to outline four specific concerns that exist with this legislation, and these are the concerns that are being brought forward by every single disability group in this country and have been signed off on by more than a thousand physicians here in Canada.

The first concern is, under this new piece of legislation, death would no longer need to be foreseeable, which means that it would no longer need to be imminent.

One witness said, "The removal of 'reasonably foreseeable' natural death as a limiting eligibility criterion for the provision of MAID will result in people with disabilities seeking MAID as an ultimate capitulation to a lifetime of ableist oppression." She is talking about the devaluation of those who live with a disability and the elevation of those who have able bodies. It is wrong.

The second problem with this legislation is that it would remove a 10-day waiting period. Between giving a formal signature saying yes to medical assistance in dying and actually having the procedure administered, there used to be a 10-day waiting period. This legislation would do away with that. With something so final, so irreversible, it seems appropriate that an opportunity for a sober second thought would be granted to those who are seeking this procedure. At minimum, they should be given the opportunity to reflect.

Others will argue that they have already reflected, they have spent time thinking about this and it is often not a decision made in the moment, but I would contend, and psychologists would agree with me, there is something very significant that happens in the mind of a human when they put pen to paper. When they sign off on something, it often provokes further emotion, further consideration and further conversation with family and friends. We must give people that opportunity.

The third concern I have with this piece of legislation, and it is backed up by so many, is that it would require only one witness to sign off and not two. This takes away from the accountability required. It puts the vulnerable at risk.

In order to execute a will, two signatures are required. This is to execute a will, which is for the most part about finances. How much more should we require that extra element of accountability and thought when it comes to someone's life?

The fourth concern I would like to bring to this House today is that this legislation would not require the patient to initiate the conversation. In other words, it would allow the physician to initiate it. It would also allow the physician, or another medical practitioner, to suggest or incite the idea on behalf of the patient or for the patient. That is dangerous. It is extremely dangerous.

To illustrate this point, we had a witness come to committee whose name is Taylor Hyatt. She talked about her experience as a 20-something woman who is in a wheelchair. She went to the doctor because she had pneumonia. This is a condition most people would recover from when they are in their twenties, and so she had every expectation that of course she is going to be fine on the other side.

● (1235)

This was her experience:

> "[The doctor] said, "The only thing we know is that this infection affects your breathing and you may need oxygen. Is that something you want?" My answer was, "of course". [The doctor] seemed surprised and unconvinced so she asked [me] again. My answer was unchanged.

A doctor should never pressure a patient to consider medical assistance in dying, never. That is completely inappropriate. Taylor made this very clear in her testimony when she said, "Whether disabled or not, Canadians look to these professionals as guides. Doctors have power to shape the perspective of others and they should wield it with great care."

It is absolutely necessary that we treat all people, but in particular those who live with a disability, with the utmost respect, dignity and value. What does it say about our society when we neglect to do just that?

This is an important question, and again it is one that is being asked by so many within the disabilities community. They are afraid that over time this will become entrenched in our social fabric as a nation. Instead of it being an option, it would actually become the expectation that of course a person with a disability would seek medical assistance in dying, and of course they would not want to live their life with these perceived restrictions or pain in their lives.

We actually know that doctors overestimate the perception of someone with a disability, as to the value of their life. In other words, a person with a disability sees great value in what they have to offer and in the life that they live, but the physician often imposes upon them a different set of values and a different level of worth, and that is wrong.

Krista Carr, the VP of Inclusion Canada, said, "The disability community is appalled that Bill C-7 would allow people with a disability to have their lives ended when they are suffering but not dying." They are suffering, but they are not dying.

She went on to say, "Language and perceptions are powerful. Including disability as a condition warranting assisted suicide equates to declaring some lives [just simply are] not worth living".

It creates this differentiation, then, between first-class society and second-class society; those who have able bodies and those who have bodies that are different; those who live with a disability and those who do not. It is atrocious that we would go down this road as a society.

Catherine Frazee has spinal muscular atrophy, and she was a professor of disability studies at Ryerson. She asked, "Why us?"

She apologized for her illustration, but nonetheless it is a point worth making. It makes us uncomfortable, but here is her quote. She said:

> Why only us? Why only people whose bodies are altered or painful or in decline? Why not everyone who lives outside the margins of a decent life, everyone who resorts to an overdose, a high bridge, or a shotgun carried out into the woods? Why not everyone who decides that their quality of life is in the ditch?
>
> Surely the answer rises up in [each of us]: That's not who we are.

Let those words ring in this place: "That's not who we are."

As Canadians, we pride ourselves as being people who are full of compassion; people who treat one another with dignity, respect and honour; and people who look at one another regardless of the colour of their skin, their race or ethnicity, the language they speak or their background.

We look at each other and we say, "You are a person of value; you are a person of worth; you are a person who deserves respect". It is not like us to relegate those who have a disability as second-class citizens. We must not go in this direction. We cannot do that because this is not who we are.

● (1240)

Mr. Robert Oliphant (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Madam Speaker, while I thank the member for her comments, I must say I profoundly disagree with both the premise and the very fundamental point. I would like to know from her two things.

First, how often has the member walked extensively through the process of MAID, and how many people has she actually engaged with who have undertaken the decision to have MAID?

Second, members on the other side of the House are proud to say that a thousand physicians have expressed concern. Why is it that the member thinks that the 98,000 other physicians in Canada have not expressed that concern? Why is it less than one per cent of physicians in Canada who have expressed such a concern?

● (1245)

Ms. Rachael Harder: Madam Speaker, that member may want to reconsider his words, because I will speak them back to him. He may want to give them a sober second thought, the very thought that he is not affording those who have a disability.

The member opposite said that he disagrees with the premise of my argument. Let me rehearse the premise of my argument. Every single Canadian, regardless of ability, is of equal worth, equal value, equal dignity and is worth equal respect. If that member disagrees with that, shame on him.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, this is an emotional debate.

I congratulate the member on her speech. I can feel the emotion, but we must not get caught up in perceptions.

The objective of the bill is not to determine the value of a life; far from it. The objective of the bill is to allow people who are suffering tremendously and who know that there is no way out to make a choice that is not ours to make.

I would like to hear the member's thoughts on that. For example, does she not believe that Ms. Gladu's tremendous suffering was imposed by the system? Is the objective of this bill not to allow individuals to make their own choices? I do not see anything in the bill about the value of a life. Quite the opposite, in fact.

[*English*]

Ms. Rachael Harder: Madam Speaker, the hon. member talks about the objective of the bill, that we need to turn our attention there and therefore ignore anything that it might do, intentionally or unintentionally, aside from the objective of the bill. That is an illogical argument. That is wrong.

We must acknowledge what those within the community of people who live with a disability are saying. Why would we say that their voices do not count? The point is that this bill would impact those individuals and put them at risk.

Mr. Roger Foley came to the committee and he talked about his experience of living with an irreversible neurological disorder. He talked about his irreversible condition and he talked about what the doctors said to him. They said that they could no longer provide him the care he needed in the hospital, so they would send him home. However, they sent him home with no supports. He said, "I have been coerced into assisted death by abuse, neglect, lack of care and threats." This is not—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have time for one more question.

The hon. member for Esquimalt—Saanich—Sooke.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I thank the hon. member for Lethbridge for raising what I know are very sincere concerns.

I have also heard concerns from the disabled community. Therefore, I have made the suggestion that we need a special committee of the House to undertake the statutory review of all the legislation around medical assistance in dying and that the mandate of that statutory review should include a provision to examine whether the safeguards for vulnerable people are adequate in our medical assistance in dying legislation.

Does the hon. member support my proposition that we make this part of the statutory review?

Ms. Rachael Harder: Madam Speaker, why would we pile on more bureaucracy, so to speak, when we have the opportunity in front of us? Witness after witness said that this was being rushed through. One witness commented on the fact that in the middle of a pandemic this was being rushed through. She drew attention to the irony that in the middle of a pandemic we were giving focus and attention to protecting the vulnerable, yet we were unwilling to give this legislation due time. That is wrong. Now is the opportunity—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for South Surrey—White Rock.

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Madam Speaker, it is a pleasure to speak today to the two amendments moved by the member for St. Albert—Edmonton and to the impacts of Bill C-7, an act to amend the Criminal Code respecting medical assistance in dying.

When I first rose to speak to the bill a month ago, I stressed the importance of a careful, diligent review of the legislation. The bill is crucial to Canadians, and what could be more important than matters that affect life and death?

Unfortunately, through my observations, research and participation as a member of the Standing Committee on Justice and Human Rights, what I have witnessed falls well short of the thorough appraisal for which I had hoped.

The committee heard approximately eight hours of testimony on this profound legislation, a bill that would make Canada's MAID regime among the most permissive in the world. On two occasions my Conservative colleagues moved for additional days of witness testimony. We asked first for two days. It was voted down. We then asked for one day. Again, it was voted down.

November is Indigenous Disability Awareness Month. I am sad to say that in studying Bill C-7, the committee did not take the time to hear from a single representative of the indigenous community. This is a travesty and we should all be ashamed. In the eight hours we had, we heard from both MAID practitioners and many doctors and advocates for persons with disabilities who passionately opposed Bill C-7.

Today, in the House, the Parliamentary Secretary to the Minister of Justice stated that Bill C-7 took into account the autonomy and dignity of the disability community. Persons with disabilities in Canada overwhelmingly disagree. Who are we to deny their lived reality and ignore their personal experiences?

Roger Foley, who suffers from a severe neurodegenerative illness, testified about the coercive pressures he had personally faced to choose MAID. He told the committee his health care needs were neglected and that he felt pressure by medical staff who specifically raised MAID as an option.

We heard from Dr. Ramona Coelho, who practises home care for many vulnerable patients. She explained that she had observed transient suicidal ideation in her patients, meaning while they sometimes have thoughts about suicide or wanting to die, with good supports, they often later choose to live. In highlighting the problem with the bill's 90-day period for individuals for whom death would not be imminent, Dr. Coelho explained that many treatments had waiting lists longer than 90 days. She also urged the committee to adopt a conscience amendment that would protect doctors and other health care professionals who did not want to participate in Canada's MAID regime.

Dr. Leonie Herx, Associate Professor and Head of Palliative Care at Queen's University, told the committee that the elimination of the 10-day waiting period would not allow time for a person who might have a transient death wish to change his or her mind, adding that patients often changed their minds when they were shown proper care. Dr. Herx also spoke to the witness requirement. She noted that having two witnesses helped ensure individuals were not coerced into choosing MAID. Specific examples of such coercion are known.

We heard there were not enough protections for persons with disabilities from Bonnie Brayton, national executive director of DisAbled Women's Network of Canada. Dr. Catherine Frazee, Professor Emerita, School of Disability Studies, Ryerson University, asked why persons with disabilities were being singled out by the legislation. It is a valid question.

Krista Carr, executive vice president of Inclusion Canada, told the committee, “The disability community is appalled that Bill C-7 would allow people with a disability to have their lives ended when they are suffering but not dying.” She added that every national disability organization disagreed with Bill C-7.

We heard from Dr. Heidi Janz, representing the Council of Canadians with Disabilities. She advocated for better monitoring of the MAID program, keeping the 10-day reflection period and two witness requirement and adding a condition that MAID must first be brought up by the patient, not the doctor. People do change their minds. Putting thoughts of death into a patient's mind can be very dangerous to his or her possible recovery.

● (1250)

David Roberge, representing the Canadian Bar Association, asked the committee to clarify what constitutes reasonably foreseeable death, noting the current law has caused significant uncertainty in practice. This is not defined in the legislation.

We also heard from Michel Racicot, a lawyer from Living with Dignity, who told us the Truchon decision should have been appealed to the Supreme Court of Canada, which I fundamentally agree with. We are making what some have called life-shattering changes to a MAID regime, which has not been properly studied since it was first introduced five years ago, based on a Quebec Superior Court decision that was not appealed to the Quebec Court of Appeal or the Supreme Court of Canada. The government has expanded its bill far past that original court decision.

Based on the text of the bill before us, apparently not all parties heard the same testimony. My Conservative colleagues and I proposed several common-sense amendments, as did the Green Party and the Bloc Québécois. These amendments sought to add safeguards to Canada's MAID regime to protect Canada's most vulnerable populations at moments of peak vulnerability, and would add reporting requirements to track MAID in Canada so we could properly review the program and better assess its flaws. This reporting was woefully unavailable as we studied this bill. At nearly every turn, the Liberals voted against these amendments.

The Conservatives proposed keeping safeguards from the 2016 legislation, passed by a Liberal majority government, such as requiring that MAID requests be signed and dated before two independent witnesses, and that Canadians choosing MAID receive a 10-day reflection period that would afford a final opportunity to deliberate the irreversible action of ending one's life. The Liberals voted against both.

When our 10-day reflection period was voted down, we proposed a period of seven days. Again, the Liberals voted against it. Unlike the previous MAID regime enacted in 2016, this bill extends the availability of MAID to those whose death is not reasonably foreseeable and introduces a 90-day waiting period before the end-of-life procedure may be carried out.

We proposed extending the period to 120 days to allow patients more time to see doctors, consider available treatments and see what their lives could be like with the proper supports in place. The Liberals voted against that.

We then tried to at least clarify the specific event that would trigger the beginning of the 90-day period. The Liberals voted against that, too.

The Conservatives were not the only party to listen to the testimony of doctors and people with disabilities advocating for safeguards. I applaud the member for Nanaimo—Ladysmith for proposing an amendment that would require individuals considering MAID, when death is not imminent, to receive a consultation with a palliative care professional. The member also proposed that the living conditions of persons requesting MAID, and the care made available to them, be recorded for program assessment purposes. The Liberals voted against that.

I also thank the member for Montcalm for two thoughtful amendments. One sought to provide clarity around the ambiguous phrase "reasonably foreseeable death" by drawing the line at having one year to live. The second asked for a review of Canada's MAID regime within 12 months of royal assent. As members can guess, the Liberals voted against both.

A system that does not seriously consider safeguards and reporting requirements, and that does not protect health care professionals, is broken before it begins. We heard time and again that these changes are essential. The Liberal government simply will not listen.

We are left with only one independent witness, and no reflection period for those facing imminent death; a 90-day waiting period, with no clear start date; a bill that does not require a consultation with a palliative care professional, and does not clearly outline what constitutes reasonably foreseeable death; and a bill that does not necessitate the tracking of living conditions and available treatment for those who choose MAID, nor a mandated review of the program within a year. Quite frankly, Canadians should be outraged.

I am disappointed this bill is being rushed through amid a pandemic because the Liberals chose to prorogue Parliament last summer and chose not to appeal the ruling to the Supreme Court of Canada. I am appalled this bill requires fewer witnesses to end life than are required to execute a will. I am distressed that this bill does not address the medical professionals—

● (1255)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. Parliamentary Secretary to the Minister of Justice.

● (1300)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, as a point of clarification, there are four protections for conscience rights in this regime: the preamble, section 9 of the former Bill C-14, section 2 of the Charter and paragraph 132 of the Carter decision.

In terms of persons with disabilities and respecting their autonomy, I refer the member opposite to the comments of Senator Petitclerc, former Conservative minister Steven Fletcher, and many others who have indicated that there is a heterogeneity of views among the disability community.

Last, the question I would put to the member opposite comes from the Truchon decision at paragraph 678. The court addressed the issue of the competence and dignity of persons with disabilities and said:

> Where natural death is not reasonably foreseeable, the consent and suffering of the disabled are worthy only of the sympathy of Parliament, which has adopted a protectionist policy towards every such person, regardless of his or her personal situation. As soon as death approaches, however, the state is prepared to recognize the right to autonomy. This is a flagrant contradiction of the fundamental principles concerning respect for the autonomy of competent people, and it is this unequal recognition of the right to autonomy and dignity that is discriminatory in this case.

That is the court in Truchon disavowing the previous regime and requiring this Parliament to extend the regime to ensure the competence, dignity and autonomy of persons with disabilities.

I was wondering if the member opposite would care to comment on that paragraph.

Hon. Kerry-Lynne Findlay: Madam Speaker, I would love to comment on it. That is a Quebec Superior Court decision. It was not appealed to the Quebec Court of Appeal. It was not appealed to the Supreme Court of Canada. That is the court we should have listened to on something that so significantly changes a regime in Canada.

We already have MAID. We have accessibility for people who choose it. However, the safeguards are very important. Regardless of what the court may have said, we heard from persons with disabilities at committee who were very clear in their opposition to the changes in this bill, which go far beyond the Truchon decision without a review.

Why did we not do the mandated review? Why has that not happened? Why is the Liberal government choosing to expand into territory that the Truchon decision did not even address?

[*Translation*]

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, I thank my colleague for her speech.

An article in yesterday's edition of La Presse stated the following:

> The disability inclusion minister says health practitioners should not be allowed to discuss the issue of medical assistance in dying until a patient asks about it, and she is open to amending the law to make that clear.

> However, some health care practitioners disagree with her and believe that talking about all options available to patients is part of their duty to ensure informed consent. The Canadian Nurses Association has urged the government to specifically clarify in the law that medical professionals can initiate discussions on medical assistance in dying.

What does the Conservative member think about that?

[*English*]

Hon. Kerry-Lynne Findlay: Madam Speaker, there should be an ability for health care professionals to explore all options. However, what we are talking about is who initiates that conversation. It is not a conversation, with respect to this particular regime, that should be forced on a patient, as we heard in testimony from Mr. Foley and another witness: a young woman in a wheelchair who was suffering from pneumonia. She survived, but instead of being immediately provided with the oxygen she needed, she was talked to about MAID.

How does that relate to a diagnosis of pneumonia?

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, as we know, one of the challenges created by the current medical assistance in dying legislation is the requirement for final consent at the time the assistance is rendered. This forces those already assessed and approved for medical assistance in dying to make a cruel choice when faced with the possible loss of competence that would make them unable to give consent. They are forced to either go earlier, which a constituent of mine is thinking about, or risk not being able to receive the assistance they need to avoid continuing to live with intolerable suffering.

Audrey Parker campaigned to make Canadians aware of this problem, and Bill C-7 would fix it by creating a waiver of final consent. Do my colleague and the Conservatives support Audrey's amendment to help those facing the end of their lives avoid this cruel choice?

Hon. Kerry-Lynne Findlay: Madam Speaker, I understand it is a cruel choice and that someone in Audrey's situation wants to be able to make those arrangements. I think they should be able to make those arrangements, but I also think we cannot deny those who are in a position to change their minds the reflection period to do so. It is cruel—

● (1305)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Battle River—Crowfoot.

Before he starts, I would ask him to please use his headset with the proper mike.

Mr. Damien Kurek: Madam Speaker, I do not have a headset.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I do not think we can proceed with the hon. member's speech because there will not be interpretation.

The hon. member for Cloverdale—Langley City.

Mrs. Tamara Jansen (Cloverdale—Langley City, CPC): Madam Speaker, what is before us now is perhaps among the greatest human rights abuses in Canadian history, legislating what amounts to a eugenics movement in Canada.

As that quote hits members and sinks in, they might imagine the horrors she is speaking about. Is it an effort by the Canadian government to perfect the gene pool? Is it a plan to eliminate those in society deemed burdensome or unwanted? What could the plan possibly be? She is speaking about Bill C-7.

Catherine Frazee, a professor at Ryerson University and disabled persons advocate, who lives with a disability herself, stated that Canada's disability community stands firmly against Bill C-7 because it communicates to us that our lives are not worth living.

Bill C-7, which seeks to remove necessary safeguards to protect the vulnerable from euthanasia, and to expand access to euthanasia for those for whom death is not reasonably foreseeable, is dangerous and will lead to countless early and tragic deaths.

Since it was tabled in the previous session, Canada's Conservatives have listened to the pleas of Canada's disability community, who are begging the government to change the bill to protect them from the harm it will cause.

We have listened to people like Roger Foley, who told the justice committee from his hospital bed that he would not survive if this legislation passed, and that the Parliament of Canada would have his blood on its hands.

We listened to Dr. Heidi Janz, who told the committee that the removal of "reasonably foreseeable natural death" as a limiting eligibility criterion for the provision of MAID would result in people with disabilities seeking MAID as an ultimate capitulation to a lifetime of ableist oppression. We listened to countless others from Canada's disability community and indigenous community, whose voices the Liberals decided were not even worth hearing.

Why will the Liberals not listen? Why are they in such a rush to pass some of the most complicated legislation to ever come before Parliament? Why did they vote down all our amendments, which Canada's disability community had a hand in drafting?

To Canada's disability community, their doctors and their advocates, I say this. I am listening. We are listening, and we will not stop until their voices are heard.

I would like to speak now about Dr. Ramona Coelho, a doctor practising in London, Ontario, whose current practice is largely composed of people living with disabilities, as well as refugees, men out of prison or on bail, and other marginalized persons.

She made it clear to the committee that if this bill passes, she may be forced to leave the medical profession. She stated, "I find it appalling that there is a suicide completion track just for my type of patients. Everyone else's suicidal thoughts are irrational and those people deserve saving, but in this bill, my patients do not. If a young man tried to shoot himself, we would hide his guns and offer him suicide prevention. What is it about persons who are disabled and sick that makes it okay to do otherwise? There is no medical evidence that their suicidality is different from that of able-bodied persons."

This is the ultimate form of ableism with stakes as high as life and death. We offer suicide prevention to able-bodied people who experience suicidal ideation, but if someone is disabled, their life has no value and is not worth living. Their suffering and the burden they place on the health care system qualifies someone for suicide assistance, not suicide prevention.

If Bill C-7 passes unamended, presenting MAID to patients who live with disabilities will become a standard of care. Doctors will be forced to offer the termination of a patient's life, which could be long ahead of them, as a standard of care. Imagine the weight placed on that doctor's conscience. Doctors work with patients to help them find value, joy and hope for a future in their lives. When death is not reasonably foreseeable we are no longer dealing with medical assistance in dying, but medically administered death. We have gone from MAID to mad.

● (1310)

A letter penned by Physicians Together with Vulnerable Canadians explained the challenges medically administered death as a standard of care would pose to their ability to do their jobs. This petition received a thousand signatures from physicians across the country. Normally to table a petition in the House, it only takes 25 names. Therefore, when a thousand experts in a field vehemently oppose what the government is doing to their work and to their patients, the government needs to listen to what they are saying.

The bill would allow a person who has just suffered a life-changing spinal cord injury to end his or her life just 90 days after the catastrophic event that caused the injury. When people are most vulnerable, experiencing unimaginable stress about their new reality, a doctor would be forced to suggest ending their lives as an option.

From my conversations with doctors and some testimony on the record at justice committee, suicidal ideation after a catastrophic injury is very common but almost always goes away with good care and when a patient eventually finds a way to cope with what he or she is dealing with. By offering death when people are most vulnerable, we are robbing them of their futures.

It takes much longer than 90 days for suicidal ideations to go away, but they do and people find joy, support and a life that is absolutely worth living. In fact, because of chronic underfunding of our health care system in Canada, it usually takes more than 90 days for a patient to even see a specialist. Do we really want to offer death before we offer care? Is that what we want our legacy as members of this Parliament to be?

The Minister of Employment, Workforce Development and Disability Inclusion told the justice committee that it was easier to receive MAID than it was to get a wheelchair. It is far easier to receive MAID than it is to receive quality specialized care. A request for MAID cannot be truly voluntary, free from coercion, without first access to quality care that meets the needs of a patient.

The opposition put forward an amendment to require patients be offered meaningful access to care before MAID could be carried out, and Liberal members voted it down. This is what systemic discrimination looks like. On the street, people look away from persons with disabilities and many Canadians think they would rather be dead than left disabled. This type of discrimination is 100% unacceptable in 2020.

Let me share the story of Spring Hawes, a lady who has lived with a spinal cord injury for 15 years now. She said, “As disabled people, we are conditioned to view ourselves as burdensome. We're taught to apologize for our existence and to be grateful for the tolerance of those around us. We're often shown that our lives are worth less than non-disabled lives. Our lives and our survival depends on our agreeableness.”

Let us face it. A choice to die is not a free choice when their lives depend on their compliance. What does it tell disabled Canadians when we are willing to offer them death before we are willing to offer them care?

Kristine Cowley, a person who had a spinal cord injury 33 years ago, now has a doctorate and is a professor at a university. She was a wheelchair track Paralympian. She is married, has three children and has travelled extensively, all done after her accident.

Kris shared that it took her five years after her spinal cord injury to feel great again. She said, “To all outward appearances, I'm a successful person living and contributing to our community, but I'd be lying if I told you that I was good to go within three months of my injury when I was discharged from hospital. In fact, it was a few years before I was able to open my eyes in the morning and feel good.”

How many stories like Kristine's will never be told if Bill C-7 passes? That is what we need to ask ourselves.

My colleagues and the disability community are begging the government to stop this mad train. We do not want to be responsible for one of the greatest human rights abuses in Canadian history.

● (1315)

I am here on behalf of disabled Canadians, their doctors and their advocates. The government did not listen to them, but it has to listen to me: Stop the ableism, stop treating them like their lives are not worth living.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Madam Speaker, I think it is unfortunate and inaccurate to conflate the idea of discrimination in this context.

First, the charter of rights requires that persons with disabilities be able to make the exact same decisions about their body and their passing as persons with ability, which is what the Truchon decision references.

Second, there is reference to conscience protection rights in the Carter decision, and I have already referenced that. Also, there is a reference to it in the preamble of the previous bill, Bill C-14, and I referenced that. Out of an abundance of caution after amendments that, I believe, were moved by the member for St. Albert—Edmonton in the last Parliament for further clarity, a further amendment was made with respect to conscience rights in Bill C-14. To purport that conscience rights are not protected in this legislative scheme is categorically false.

There have been assertions of a culture of coercion or encouragement towards accessing MAID on the part of practitioners. Is the member aware of any instances, not just in her province but anywhere in this country, where such instances of coercive behaviour of medical practitioners have resulted in a prosecution under the Criminal Code?

Mrs. Tamara Jansen: Madam Speaker, I would really like to assure the hon. member that the words about discrimination are not my words. Those are words from the disabled community. It is very important that he also listen to the disabled community. They are not able to be here today, because they are not elite politicians. I am here, and I am telling the member that they call what the government is doing in the bill discrimination.

● (1320)

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my hon. colleague for his speech. Once again, this is a very emotional debate.

I would like to hear what my colleague has to say about the fact that many people believe it is important that services for people with disabilities be improved so that these individuals are not choosing to access medical assistance in dying because of the poor quality of care available to them.

I have spoken with many organizations that help people with disabilities, and there might be a deeper problem here. Some requests for medical assistance in dying may be attributable to the poor quality of care that is sometimes given to people with disabilities.

Perhaps that is because, in recent years, the federal government has not transferred enough money to Quebec and the provinces for health care. Increased health transfers could help people with disabilities and give those who want to live the option of receiving proper palliative care. In short, it would give them options.

What does my colleague think about the importance of reinvesting in health care?

[*English*]

Mrs. Tamara Jansen: Madam Speaker, as I mentioned, our health care system has been chronically underfunded, especially in regard to palliative care. We are also noticing that our older community is aging, and we do not have quality palliative care in place.

I absolutely agree. We need to start acting now before it is too late.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, Audrey Parker campaigned to make Canadians aware of the challenges created by the current medical assistance in dying legislation and the requirement for final consent at the time that the assistance is rendered. It forces those already assessed and approved for medical assistance in dying to make that cruel choice when they are faced with the possible loss of competence that would make them then unable to give consent. They are then forced to either go earlier or risk not being able to receive the assistance they need to avoid continuing to live with intolerable suffering.

I asked this question earlier, and I appreciate my colleague's passion on this. Do she and the Conservative Party support Audrey's amendment in helping those facing end of life avoid this cruel choice?

Mrs. Tamara Jansen: Madam Speaker, I am here today talking on behalf of the disability community, which has called this its "worst nightmare". We need to keep that in mind, so let us make amendments that will protect the vulnerable among us, because that is our job here in the House.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, we debated this process of medical assistance in dying in previous Parliaments. I think one of the things that really was notable about those debates was a lack of rancour and a deep willingness to respect each other and to understand that the best motives of all parliamentarians can be seen in moments like this, when we are dealing with issues that are complex and morally difficult, but where ultimately we have a responsibility to ensure that the words of the courts are observed and that we do the best for Canadians.

I would urge the hon. member to perhaps show respect to every member of this House.

Mrs. Tamara Jansen: Madam Speaker, I would like to take my last 10 seconds to speak on behalf of the indigenous community, which is a very spiritual community that wants nothing to do with this.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, we are here today debating specific amendments that have been proposed to Bill C-7. I would encourage all members, whatever their first instincts are on the broader philosophical question of euthanasia or medical assistance in dying, to put those aside and look at the particular amendments that are in front of us. These are amendments that have been put forward by my colleague, the member for St. Albert—Edmonton, who I know has worked very hard on this issue ever since it first came to Parliament and he first came to Parliament in 2015.

These amendments are reasonable amendments that all members, regardless of party and regardless of underlying philosophy, should be able to support on their merits because they preserve the principle of autonomy as well as preserving protection of the vulnerable.

The first amendment seeks to preserve a 10-day reflection period. Right now, a person who has gone through the assessment process and been approved for euthanasia or medical assistance in dying has a 10-day reflection period before this is actually carried out.

This reflection period is important because we know that people may have varying experiences of pain and a varying response to their circumstances over time. It is consistent with the principle of autonomy to want to ensure that, when people are making decisions about life and death, they are doing so not in the situation where they are rushed, pushed or feel like they need to make a snap judgment, but rather they are doing it in a way that involves some period of reflection and consultation and that they are not just responding to very immediate but transient circumstances. That is why Parliament, in its wisdom a mere four years ago, thought that this reflection period was important. Also, there was some recognition that there may be some cases where that reflection period is not appropriate. That is why, right in the existing legislation, there is a mechanism by which the 10-day reflection period can be waived. The process for waiving that reflection period is not onerous. It is not required that a person make an appeal to the courts, in order to get that reflection period waived.

The requirement for the waiving of the reflection period is merely that the physicians who sign off on the request also sign off on the waiving of the reflection period. It sets in place a default. It puts in place the concept that generally speaking, in the majority of cases, there should be a reflection period. There should be a mechanism to ensure that we do not have somebody requesting, having an assessment and receiving this thing on the same day.

● (1325)

We have pointed out that the government's proposal now in Bill C-7 to remove the 10-day reflection period could bring in a situation of same-day death, of somebody requesting this, going through the assessment and receiving this all on the same day. I do not think it is reasonable that a person's very worst day should be their last day, that a person could visit their mother or father on Wednesday and everything seems fine, and then go in on Friday to find that they went through the process on Thursday because that is what they wanted that day.

Members have said this would not happen in practice as physicians are reasonable, health care systems are reasonable, and that it is very unlikely that this would all go through in one day. Nonetheless, we heard repeatedly, at committee, testimony from people who did feel that they were being pressured. The parliamentary secretary asked if there are any examples of this happening. If someone reads the committee evidence they will see that testimony and hear the gut-wrenching stories of a mother whose daughter was told that she should go for medical assistance in dying. The daughter said she did not want it. Then the family was told that they were being selfish, so that family left that hospital because they did not feel safe in that environment. They were having medical assistance in dying pushed on them to such an extent that they did not feel safe.

Do I think that most doctors or most health care practitioners behave that way? Of course not, but that is why it is called a safeguard. A safeguard because most people using common sense, acting in a responsible way, would not need that safeguard in place. The safeguard exists to protect people in cases where that good judgment that we want to see in action does not take place. The principle of safeguards is not that most people might act in an abusive way, but it is the fact that some minority may act in a way that is not appropriate. That is why we have rules in place in the legislation to protect people. The safeguards are worth it because we are talking about life and death.

● (1330)

I encourage members, however they feel on the issue more broadly, to recognize the inherent reasonableness of a 10-day reflection period, which can already be waived in certain situations.

Most of these votes will take place on a partisan basis, but I say to every member, Liberal, New Democrat or Bloc Québécois, it is their conscience on the line and this is a matter of life and death. Every one of us, regardless of party, have a vote in this place that we have a right to exercise.

If members think that a 10-day reflection period, and most of the time it could still be waived in certain circumstances, is reasonable to ensure that vulnerable people are not pressured, then vote in favour of these amendments. Vote in favour of these amendments, first for a 10-day reflection period and second to clarify an assessment period in the case where death is not reasonably foreseeable, a 120-day assessment period, to ensure that people who have a disability, who experience a new kind of challenge, will actually go through a process of receiving treatment or at least be more likely to receive treatment before they complete the waiting period that has been put in place.

Would we not all agree that it would be a problem if someone could get medical assistance in dying faster than they could get actual care and management of their situation, if it is easier to access death than to access the basic implements that would allow a person with a disability to adapt to their new circumstances?

I would suggest that it is eminently reasonable that people be offered and receive treatment and support for adaptation to their circumstances before they receive death. Instead of just being abstractly—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I must interrupt the member, because it is 1:30 p.m. The hon. member will have three minutes to finish his remarks once we return to the study of the bill.

It being 1:30 p.m., the House will now proceed to the consideration of Private Members' Business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[*English*]

NATIONAL FRAMEWORK FOR DIABETES ACT

Ms. Sonia Sidhu (Brampton South, Lib.) moved that Bill C-237, An Act to establish a national framework for diabetes, be read the second time and referred to a committee.

She said: Madam Speaker, it is an honour to speak to my private member's bill, Bill C-237, an act to establish a national framework for diabetes in Canada. I would also like to thank the member for Winnipeg North for seconding the motion to introduce my bill.

I could not be happier to be debating my bill during November, which, as many may know, is Diabetes Awareness Month.

Over 11 million Canadians live with diabetes or prediabetes. A new case is diagnosed every three minutes and 90% of these cases are type 2, which means they can be prevented through better awareness, education and lifestyle changes. This disease is the cause of 30% of strokes, 40% of heart attacks, 50% of kidney failure requiring dialysis and 70% of non-traumatic low-limb amputations. This is the harsh reality. In the Peel Region alone, which I am proud to call home, the rate of diabetes more than doubled between 1996 and 2015.

Some Canadians are at increased risk of diabetes, including South Asians, the indigenous population and Métis people. We also know that diabetes disproportionately affects Canadians with low incomes and education.

Complex public health challenges, such as chronic diseases like diabetes, cannot be addressed with a single-solution approach. No organization, institution or sector of society acting alone can solve this challenge. All segments of society, including communities, academia, government, the charitable and not-for-profit sectors, and the private sector must work together if we are to be successful. That is why the bill mandates that the Minister of Health work in collaboration with provincial health leaders, indigenous communities and other stakeholders to develop a national framework designed to support improved access to diabetes prevention and treatment to ensure better health outcomes for Canadians.

In many cases, diabetes is preventable. We know that individuals who have a moderate to high level of physical activity, who eat a healthy diet and who do not smoke are 82% less likely to be diagnosed with diabetes. Having been a health care professional for over 18 years, I have seen first-hand how a healthy diet, staying active and exercising can all contribute to the prevention of this disease. Let us combat diabetes and its life-threatening complications by making Canadians familiar with diabetes warning signs, encouraging healthy lifestyle choices and making it possible to access the best possible care.

It is estimated that this year the cost of hospital care and drugs for diabetes will amount to approximately $30 billion. This is a massive burden on our public health care system, but the costs do not end there. Whenever a Canadian suffers a stroke or a heart attack, that is an additional cost to our health system that may result in long-term costs. When a Canadian experiences kidney failure that requires dialysis, there is a cost. When a Canadian tragically has to undergo amputation, there is a cost. The secondary costs that diabetes has on our public budget cannot be calculated, but every dollar spent preventing it means greater savings down the line. So many of these complications are preventable with the proper care.

When I was first elected in 2015, it was a goal of mine to bring the issues of Canadians living with diabetes to Ottawa and to elevate the issue of diabetes as a whole. I have been honoured to serve as the chair of the all-party diabetes caucus, where we have heard from diabetes advocates, stakeholders and organizations to gain a better understanding of how the federal government can support Canadians living with diabetes.

In 2017, I travelled extensively to consult with medical professionals and stakeholders about how best to meet the needs of those suffering from diabetes. This gave me even greater insight into how diabetes impacted communities in different regions of Canada. The result of this was the publication of the report, “Defeating Diabetes”, which promotes healthy eating as a prevention method.

That same year, I represented Canada at the Global Diabetes Policy Summit in Rome, Italy, where 38 countries were represented. We spoke about the best way to tackle this growing issue. I also attended the World Congress of Diabetes in Calcutta, where, through engagement with international leaders, we were able to compare research and assess our commitment to the fight against diabetes.

● (1335)

One other important aspect of diabetes I learned on these international travels was how well-respected Canada is on the world stage when it comes to diabetes, especially on the insulin invention. I hope that Canada will continue to be a global leader in the fight to defeat diabetes for years to come.

Locally, I successfully advocated for the City of Brampton to proclaim November as Diabetes Awareness Month and the 14th as Diabetes Day. In 2018, the all-party diabetes caucus engaged fellow parliamentarians to participate in Diabetes Day on the Hill to raise awareness of diabetic risks to Canadians and to build support for an updated comprehensive national diabetes strategy. Our diabetes mobile screening unit was brought in to emphasize prevention and encourage testing. This was an opportunity for all members of Parliament to get first-hand experience in understanding the aspects of diabetes. Nearly a hundred of us accepted the challenge to wear a step counter and log our efforts for 10 days to raise awareness around our health.

This spring, I was able to virtually participate in several meetings and town halls with Diabetes Canada about how Canadians living with diabetes have been affected by COVID-19. While people with diabetes are not more likely to catch COVID-19, if they do get it, adults living with diabetes are at greater risk of developing serious symptoms and complications. More recent data from Alberta shows that 42% of Albertans who have died of COVID-19 also had diabetes. Those who are infected with the virus are more likely to suffer serious cardiac and respiratory complications. They face mortality four times that of those without diabetes.

As many members of the House know, back in the spring of 2019 I was proud to bring forward the unanimously supported motion to declare November as Diabetes Awareness Month in Canada, but there is so much more to do than raise awareness. The World Health Organization recommends that every country implement a national framework for diabetes. Last April, the Standing Committee on Health tabled a report that gave multiple recommendations. Among them the committee asked that the government consider a framework for a diabetes strategy for Canada. This comprehensive report already outlined the steps that the government should take in the fight against diabetes.

When we were undergoing this study, we heard a great deal about the mental health issues that are common among people living with diabetes. Those living with type 2 diabetes are more at risk of depression. We have heard examples of their being stigmatized and bullied. There are overall signs of greater risk of mental health issues, including anxiety and depression. At the health committee, we heard from one individual living with diabetes who spoke openly about the anxiety and the stigma she felt around the disease in her family. She said:

> In my family, there are 35 diabetics and we don't talk about it. I have to do my blood sugar under the table when I visit my mother. We don't discuss it, and they don't treat.
>
> Last year, I lost my uncle to it because they just won't treat. They won't admit to it. They don't want to deal with it because the stigma is so bad.

There is a strong need to reduce the stigma associated with diabetes. Reducing messaging that blames patients for their diabetes is an important first step to take. Early detection of diabetes can prevent complications and reduce the strain on the health care system.

The health committee also heard some shocking stats about diabetes and indigenous communities. Diabetes rates are three to four times higher among first nations than among the general Canadian population, and many indigenous people are at increased risk of developing diabetes. Furthermore, indigenous individuals are diagnosed with type 2 diabetes at a younger age than other individuals. Those living in a first nation community who are in their twenties have an 80% chance of developing the disease during their lifetimes, compared with 50% among the rest of the population of the same age.

● (1340)

The Canadian Indigenous Nurses Association identified several factors as to why this is the case. Geographical isolation, lack of health care services, poor Internet connectivity to facilitate distance care, and reduced access to nutritious food all contribute to the prevalence of diabetes in indigenous communities.

The health committee also recommended the federal government hold discussions with the provinces to explore possible approaches to providing uniform coverage of diabetes-related medications, supplies and equipment, such as lancets, across Canada. As it stands now, each province provides different coverage for different aspects of diabetes treatment, meaning those living with diabetes receive uneven support depending on where they live. All levels of government must work together to find a solution to improve access to a family physician and other health services for people living with diabetes in rural, remote and northern communities.

As I mentioned previously, my community in Brampton and the Peel Region faces a high rate of diabetes compared with the rest of the country. However, locally, we have some true diabetes champions working to reverse this course. I appreciate all of the private sector stakeholders based in Brampton that do phenomenal work helping those with diabetes, such as Medtronic and Dynacare, which provide testing services and advice to help people manage their illness.

The #Dynacare4Diabetes wellness campaign just launched in our city. The goal of this campaign is to encourage Bramptonians to assess their risk and get tested to see if they are at risk of diabetes by providing the A1 test free of charge.

Medtronic is doing commendable work in providing compassionate care for our residents living with diabetes.

I would like to thank Laura Syron, the president of Diabetes Canada, and its federal affairs director, Kimberley Hanson. I have been proud to work alongside them to raise awareness, including helping them with multilingual communications materials for multicultural communities.

I would also like to thank JDRF, Canada's leading type 1 diabetes advocacy organization, for all the support and advice it has provided over the years. It also endorsed my bill.

I am so proud to have support on this bill from organizations and individuals such as the CNIB Foundation, Peel's medical officer of health, Dr. Lawrence Loh, Dr. Naveed Mohammad of William Osler Health System and many more.

I thank the Brampton City Council, which has officially endorsed this bill.

Canada has repeatedly been the home of some of the biggest breakthroughs in diabetes care and research. Twenty years ago, Dr. Shapiro at the University of Alberta was on the team of researchers that developed the Edmonton protocol and islet transplant procedure, which temporarily reversed diabetes and allowed patients to be insulin independent. Just last week, it was reported that his team may be on its way to finding an actual cure for diabetes. This work is in its early stages.

In 1961, Canadian scientists discovered stem cells, and of course next year will mark the 100th anniversary of Sir Frederick Banting's historic discovery of insulin right here in Canada. Two weeks ago, on World Diabetes Day, I was in London, Ontario to participate in the ceremony to rekindle the Flame of Hope. This flame has been burning brightly and will continue to do so until we find a cure for diabetes. It stands as a symbol of Canadian innovation. I hope it will be a Canadian team of researchers that will one day be able to extinguish this flame.

Bill C-237 would change the lives of the 11 million Canadians living with diabetes from coast to coast to coast. By working together, I am confident that one day we will extinguish the torch at Banting House. Together, I know we will find a way to defeat diabetes.

I encourage all members in the House to join me in supporting the improvement of the lives of millions of Canadians across our country.

Canada gave insulin to the world. There is no reason why we cannot lead the way to defeat diabetes.

● (1345)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, if I may, I would like to express my appreciation to the mover of the bill. She has been an incredible advocate on the diabetes file. Over the years, I have seen her advocate very passionately here in the House, as well as in caucus and on the side with many people.

Obviously, she is very passionate about the issue. I wanted to give her my personal thanks for being such a strong advocate on such an important health issue that all Canadians need to have a better understanding of.

I wanted to make that comment and compliment my colleague.

Ms. Sonia Sidhu: Madam Speaker, I would like to thank my hon. colleague for his great passion for diabetes. We need diabetes advocates on all sides of the House.

The member is right that the bill is rooted in the community I represent in the Peel region. I am passionate because I know that diabetes is a big burden on the health care system. I have heard from so many constituents who have diabetes or whose family members do, and they need more support. One in six people in Peel is affected by diabetes. This is so—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for Shefford.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I thank my colleague from Brampton South for her excellent speech. She and I are both members of the Standing Committee on the Status of Women.

In her speech, she talked a lot about the skyrocketing health care costs associated with diabetes.

How will she ensure that this bill respects the jurisdiction of Quebec and the provinces, say by boosting health transfers to 35%, and that the federal government attends to its own affairs?

[*English*]

Ms. Sonia Sidhu: Madam Speaker, I recognize my colleague's interest in increasing health transfers to the provinces. During the pandemic, the federal government has been there to support the provinces, including with $19 billion in the safe restart program.

The bill follows up the report from the health committee, and the framework includes measures to identify the training needs of health care professionals related to prevention and treatment. It promotes research, data collection and information sharing and takes into consideration existing strategies and best practices, such as those in the committee report, including—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. member for South Okanagan—West Kootenay.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, I thank the member for the important bill before us. I fully support it.

She has pointed that from the start, Canada has been a world leader in the technology of treating diabetes. However, we are really near the bottom of the pack when it comes to access to treatments, needless hospitalizations and needless deaths. That is because half of the diabetics in Canada cannot afford to pay for their insulin and the devices they use to monitor it.

I am wondering if the member and her Liberal colleagues will be supporting Bill C-213, the NDP bill on a publicly paid universal pharmacare plan, which would solve this problem once and for all.

● (1350)

Ms. Sonia Sidhu: Madam Speaker, I thank the hon. member for supporting the bill.

The bill is important because the framework will include everything for prevention and treatment. I am proud to sit on the Standing Committee on Health, which got the great work done for national pharmacare. Some of that work included the report on the national pharmacare plan. The health committee heard from witnesses that 22% of Canadians are not getting their prescription medications. We need to include our provincial partners and territories as well.

The bill is important because it would help 11 million Canadians living with diabetes or prediabetes. It is one of the most prevalent diseases in the country. As I said, it is a very good bill for helping all 11 million Canadians with diabetes or prediabetes.

Mr. Chris d'Entremont (West Nova, CPC): Madam Speaker, I am very pleased to speak today on second reading of Bill C-237, an act to establish a national framework for diabetes, which would require the Minister of Health to develop a national framework to support diabetes prevention and, of course, treatment.

It is important for me to participate in the second reading of this bill given that my family is touched by this disease. My son, André was diagnosed with type 1 diabetes at the age of 17. He, my wife and I had to adapt to his disease and help him understand his new limitations, but celebrate, of course, his strengths.

We were lucky, if that is the right word, in that we came into this at a later age, where André was more than capable of taking over his care and express how he was feeling.

I can only imagine what it would be like with a toddler or a younger child. A friend of mine used to tell me what it was like 30 years ago without modern strip testing, trying to get a ketone reading from her toddler's diaper. How far we have come, considering a lot of diabetics now use continuous testing, where we can just swipe our smart phones near to get a reading. However, we still have a long ways to go.

Due to this disease connection, I am involved with various organizations that support patients with diabetes, such as the JDRF, one of the many organizations that work tirelessly to support people living with diabetes and their families until a cure is finally found.

[*Translation*]

November is Diabetes Awareness Month. This year, I should add that next year, 2021, will mark the 100th anniversary of the discovery of insulin by Dr. Charles Best and Dr. Frederick Banting.

[*English*]

In Canada, diabetes affects more than three million people, or 8% of the total population, and is considered a national epidemic. When pre-diabetic people, caregivers and families of people with diabetes are considered, this number rises to 11 million Canadians, or about 30% of the total population.

It is important to note that these numbers are increasing year after year. Even if people with diabetes manage to live what they call a normal life, we must continue to work for the prevention of diabetes and its consequences until a cure is found. Since diabetes affects so many people in Canada, we need to be in a better position and have legislation that responds adequately to the needs of people living with diabetes and pre-diabetes with the development of a national framework.

Bill C-237 seeks to respond to diabetes in Canada by improving awareness, prevention, treatment, research, data collection and training. It also wants to follow up on the Canadian diabetes strategy that was created in 1999, which aimed to prevent, detect early and self-manage diabetes and its complications, as well as national surveillance. This has, since 2005, integrated the healthy living and chronic disease strategy to promote the health of all Canadians, reduce the risk of chronic disease related to high-risk individuals, and support detection and early management of chronic diseases.

[*Translation*]

According to a 2013 report by the Office of the Auditor General, despite numerous efforts to better manage diabetes, the Public Health Agency of Canada, Health Canada and the Canadian Institutes of Health Research believed that, although diabetes prevention and control activities existed, they were not coordinated well enough to ensure the success of the Canadian diabetes strategy.

● (1355)

[*English*]

This report led to studies at the health committee and, following the last study in 2019, a report was tabled. Entitled, “A Diabetes Strategy for Canada”, it strongly recommended that the government proceed with the development of a national strategy on prevention and management of diabetes.

Having spoken with many representatives of various organizations supporting people living with diabetes and those who support research, I know that this bill has been expected for some time now, and I do see it as a positive step forward.

However, I have some concerns with the bill in its current form, which gives the Minister of Health the authority to prepare a report on establishing a national diabetes framework without parliamentarians being made aware. This is concerning, since there will be many financial implications related to the collection of data and the research that the bill will require, which we will not know before voting for it.

It is important to remember that during the first reading of the bill last February, before the beginning of the COVID-19 pandemic, we already knew that the Liberal government had reached record deficits and debts.

We on this side of the House were very much looking forward to the tabling of the Liberal budget in March, which of course never happened. The Liberals' lack of transparency left all Canadians in the dark regarding their country's public finances. It is concerning knowing that two years will have passed before the government finally tables its budget in March 2021.

[*Translation*]

Government spending has hit record highs. Yes, money had to be spent to fight the pandemic, but we also know that some of that spending was not in Canadians' best interest. Some of it reeks of scandal.

[*English*]

Having said this, despite the good intention of the bill, it is difficult for me to vote in favour of it without knowing all the financial implications that go along with it. I find it unacceptable and irresponsible for the government to continue to lack transparency when it comes to our country's finances.

The establishment of a national framework for diabetes is without a doubt very important, but I wonder about the other diseases that also deserve to benefit from such a national framework. I think of people who suffer from cystic fibrosis, multiple sclerosis or Parkinson's. Which of these diseases also deserves a national framework?

Unfortunately there is a weakness in the bill that I must highlight. As drafted, Bill C-237 does not clearly demonstrate, even though the Minister of Health would be responsible for establishing a framework and implementing it at the national level, who would respond to the problems and expectations, or even how, of diabetics in Canada.

[*Translation*]

We have to take into account the fact that health programs are essentially the responsibility of the provinces and that approaches to health care vary from one province to the next.

For example, for people with type 1 diabetes, Ontario has the assistive devices program, the ADP, which helps diabetics pay for their insulin pumps, while elsewhere in the country, financial support at the provincial level is less generous or non-existent. Accordingly, a consultation with the provinces and territories is needed.

[*English*]

The Conservatives have always respected provincial jurisdictions and we will always continue to do so. I want to ensure that the bill does not interfere with how each province and territory manages their health care system. The Conservatives have always given priority to working collaboratively with the provinces and territories and we are convinced that this fundamental value of our party would allow us to develop strong national objectives in terms of the quality of the desired framework.

● (1400)

[*Translation*]

It would be better to adopt a national framework to measurably improve the prevention and treatment of diabetes and thereby reduce the burden of this disease on the Canadian public and the health care system, which is already strained.

[*English*]

As a country that has the health Canadians at heart in all its forms, we should allow Canadians living with type I diabetes to benefit from an equal basis from the disability tax credit as well as those who access the registered disability savings plan, which would be an important and significant step forward. This would be a concrete measure to reduce the amount of expenses incurred by people living with diabetes and would significantly help them improve their health.

In September 2019, the Conservative Party announced that it wanted to broaden the eligibility criteria for the disability tax credit. This announcement was specifically intended for type I diabetics. Diabetes Canada supported it and asked the other parties to support it as well. We believe diabetics should have access to the DTC and call on all federal parties to include it.

As our family lives with it, I support it in a way—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member is out of time.

The hon. member for Shefford.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker I rise today to speak in the House of Commons about Bill C-237, an act to establish a national framework for diabetes, a disease that affects members of my family.

I first heard about this disease when I was a child. I was told that my father's half-sister had diabetes and that she had problems with the sugar levels in her blood. Then, when I was a teenager, a cousin who is my age was diagnosed with this disease. My mother was her godmother, so together with her mother, we supported her during months of treatment at Hôpital Sainte-Justin.

It was a great shock for her because she had to get used to a new diet, pricking herself several times a day and avoiding the complications that can be associated with diabetes. She rebelled because she was tired of having to follow so many rules to control her blood sugar levels.

In recent months, I have been the Bloc Québécois critic for seniors, and naturally I have been dealing with this issue. In my speech, I will remind members of the elements of this bill that my party supports and explain the effects of the pandemic on those with this disease. Finally, I will call for better investments in research, which is the key to a cure.

The enactment provides for the development of a national framework designed to support improved access to diabetes prevention and treatment. It asks that the Parliament of Canada recognize the need to be proactive in the fight against diabetes and that the Government of Canada develop and implement a national framework for diabetes.

The bill provides for the strategy to be designed in consultation with the provincial governments and Quebec. If the bill moves forward, the Bloc Québécois must ensure that the national framework reflects the demands of Quebec and respects its jurisdiction. The bill invites stakeholders to a conference for the purpose of developing a national framework and determining the main focuses that should be included: explanations on diabetes, identification of needs, promotion of research, promotion of knowledge sharing, analysis of what is already being done to achieve health care equality and so forth. The bill gives the government one year to develop the strategic framework and five years to report on its effectiveness.

It is important to note that this disease is on the rise in Canada, and that it entails significant expenses for patients and for the system. On behalf of myself and the Bloc, I would like to take this opportunity to remind everyone that Canadian health transfers must be increased to 35% right away, no strings attached. The same thing is happening in Quebec, where cases have been rising steadily since 2000.

At this point, I would like to go over a brief history of the fight against diabetes in Canada. It began between 1999 and 2005, when the first Canadian diabetes strategy was developed. The Canadian diabetes strategy was launched in 2005, and it was then incorporated into the integrated strategy on healthy living and chronic diseases.

In 2006, the strategy began funding multi-sectoral organizations dedicated to fighting chronic disease. A number of advances came about during that period, including self-management of the disease, thanks to the development of guides for people with diabetes; the dissemination of information about the disease, thanks to data collected by the Public Health Agency of Canada; and the Canadian Best Practices Portal.

In 2009, the Public Health Agency of Canada, Health Canada and the Canadian Institutes of Health Research established a partnership with Diabetes Canada, Diabetes Québec and the Juvenile Diabetes Research Foundation. From then on, funding of research projects and public awareness were part of the fight against diabetes.

Since 2016, the Canadian diabetes strategy has been part of Health Canada's Centre for Chronic Disease Prevention and the strategic plan 2016-2019. This plan is very general and contains more statements of principle than meaningful measures. The main elements are practically the same as in previous plans: support research, collect and share data and mobilize various stakeholders.

Since 2019, Diabetes Canada has been promoting Diabetes 360º, a framework calling on the federal government to create and fund a national strategy.

Although health care is a provincial jurisdiction, the federal government must play a role, especially when it comes to prevention. Because obesity and diabetes are so closely linked, governments must develop strategies to promote awareness and healthy living habits. Over time, several measures have been designed to do just that. I will give an overview.

With regard to labelling, although there have been many changes in this area, the government systematically runs into problems with lobby groups representing beverage companies and producers, for instance. This idea comes up regularly in discussions. The objective would be to change labels to make them easier for consumers to read or to make space on soft drink labels to inform the public about the harmful effects of obesity.

The government also promotes physical activity, which we care a lot about. Ongoing measures include awareness campaigns, the promotion of physical activity and tax credits for sports activities.

In addition, the government promotes healthy eating, or maintaining a healthy body weight. That is an important part of preventing and controlling diabetes.

● (1405)

Although it is sometimes difficult to strike a balance between economic interests and promoting healthy eating, as the debate surrounding Canada's food guide showed, the public still needs to be informed and needs to develop healthy eating habits.

I would now like to talk briefly about diabetes among indigenous people. For many reasons, the prevalence of type 2 diabetes is four to five times higher in certain indigenous communities than in the general population.

The Government of Canada is aware of the problem and is investing an average of $50 million per year through the aboriginal diabetes initiative, a Health Canada program that involves working with indigenous people to reduce health inequalities.

For indigenous communities, there are three components to the fight against diabetes. First, there is prevention, in the form of awareness campaigns on healthy lifestyle habits that can prevent obesity and the risks related to diabetes. Then there are annual screening tests for high-risk individuals, so they can be treated as soon as possible and avoid complications. Finally, there is treatment, which ensures that people from indigenous communities who have diabetes get treated in accordance with the guidelines, in order to reduce morbidity and mortality.

As for the cause, or should I say causes, of this major disparity, might the government's inaction to improve the situation on indigenous reserves have something to do with it? The answer is in the question. An ounce of prevention is worth a pound of cure.

Third, I would like to remind hon. members of the consequences that the pandemic is having on diabetics. Given their condition, they are being asked to self-isolate to avoid COVID-19 and the resulting complications. They are also experiencing economic repercussions.

I would like to note that back home in Shefford, the diabetes health forum, which had been organized by Les Diabétiques de la Haute-Yamaska to raise awareness of this disease, unfortunately had to be cancelled last March.

However, over Zoom, I was able to meet with Juliette, from the Kids for a Cure Lobby Day organized by JDRF. I salute her for her courage. She and her organization made three recommendations.

The first recommendation is that the Government of Canada should mark the 100th anniversary of the discovery of insulin by making a new $15-million investment in partnerships to cure diabetes between JDRF and the Canadian Institutes of Health Research.

The second recommendation is that, as recommended in the first annual report of the disability advisory committee, Canadians who receive a life-sustaining therapy, such as insulin therapy, should be eligible for the disability tax credit.

The third recommendation is that, as recommended by the Standing Committee on Health in its report entitled "A Diabetes Strategy for Canada", the Government of Canada should invest in the implementation of a national diabetes strategy, Diabetes 360°, designed to achieve different results depending on the type of diabetes.

We are therefore in favour of the development of a strategy for Canada, on condition that it respects the requests of the provinces and Quebec and areas of shared jurisdiction. It should be noted that Diabetes Canada and Diabetes Québec already hold an annual conference. We are wondering what this additional conference might be and what benefit it could have on the community.

In closing, for all these reasons, I decided to accept the invitation and light up my office with beautiful blue lights as a sign of solidarity on World Diabetes Day, which was November 14. Let us take action.

[*English*]

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, these days the world is focused on a pandemic, but that does not mean we have to forget about the myriad of other illnesses suffered by humanity. That is why I am happy to voice my support for Bill C-237, which would require the Minister of Health to develop a national framework for diabetes prevention and treatment in consultation with the provinces, indigenous groups and relevant stakeholders.

I support the bill because I believe we truly need a new national diabetes strategy. That strategy should be based on the diabetes 360° framework developed in 2018 by Diabetes Canada and dozens of other stakeholder groups. I also believe that the Government of Canada must support indigenous-led diabetes programs, services and research; prioritize food sovereignty; provide access to appropriate care and treatment options; and raise awareness about gestational diabetes and the increase in diabetes among young indigenous women.

I also strongly believe that there is an urgent need for a national approach to pharmacare that would ensure all Canadians living with diabetes have access to the medications they need when they need them. This must include coverage for diabetes devices and supplies, such as test strips, syringes, insulin pumps and continuous glucose monitors.

We all know the story of Frederick Banting and Charles Best, who, with their colleagues James Collip and John Macleod, discovered insulin in a University of Toronto lab in 1921. This discovery revolutionized the treatment of diabetes worldwide and remains among the most celebrated medical discoveries in Canadian and even world history. Diabetes was formerly a death sentence for young people who developed the disease, but now they could look forward to long and productive lives.

We are on the eve of the centenary of that discovery, and one would think that we could celebrate that centenary with pride. Unfortunately, the scourge of diabetes is, in many ways, far worse than it was 100 years ago. Canada has one of the poorest records in the world, and it is getting worse.

Every three minutes a Canadian is diagnosed with diabetes. The number of Canadians with diabetes has doubled in the last 20 years. Right now, one in three Canadians either have diabetes or have a high risk of developing it. It is an epidemic. People who are 20 years old in Canada have a 50% chance of developing diabetes in their lifetime. For first nations people, that risk is 80%.

The health care costs of diabetes will top $40 billion by 2029. Diabetes causes 30% of strokes, and it is the leading cause of blindness. It causes 40% of heart attacks, 50% of cases of kidney failure, and 70% of leg and foot amputations. It reduces lifespans by five to 15 years, and about 7,000 Canadians die each year as a direct result of diabetes.

Thankfully, there is a plan for how to fight this scourge. Diabetes Canada has developed a detailed plan called diabetes 360°, which could dramatically improve our rate of diabetes and reduce the significant impacts it has on the health of Canadians. It will cost money, but that investment will repay itself a hundred times over in savings to our health care system.

The goal of diabetes 360° is to have 90% of Canadians living in an environment that preserves wellness and prevents the development of diabetes, 90% of Canadians aware of their diabetes status, 90% of Canadians living with diabetes engaged in appropriate interventions, and 90% of Canadians engaged in interventions achieving improved health conditions. Diabetes 360° must be the basis for any national strategy.

When Dr. Banting discovered insulin, he gave the rights to that discovery to the University of Toronto, so that diabetics around the world could have affordable access to this life-saving drug. However, times have changed, and many of the monitoring and injection devices are very expensive. Many Canadians living with diabetes are unable to afford the medications, devices and supplies they need.

This cost related non-adherence can lead to avoidable complications and mortality, and that is why there is an urgent need for a universal, comprehensive and public pharmacare plan to ensure all Canadians have access to the medications they need when they need them. As I mentioned, this must include coverage for devices, such as test strips, syringes, insulin pumps and continuous glucose monitors.

● (1410)

The Canadian Federation of Nurses Unions produced a report that found that 57%, over half, of diabetics in Canada reported failing to adhere to their prescribed therapies due to affordability issues related to those medications.

According to the Juvenile Diabetes Research Foundation Canada, 830 young and middle-aged diabetics in Ontario die each year because of poor access to insulin. That could dramatically change if all Canadians had access to the medicines they need, but they do not.

Canada is the only country with a universal health care plan that does not include free access to prescribed medications. Some 10% to 20% of Canadians report not filling their prescriptions because they simply cannot afford the cost. That non-adherence costs all of us in added hospital stays and extra pressure on our health care system.

A universal, single-payer public pharmacare plan would save over $4 billion per year because we could get better deals on our drug costs. Right now, we pay more for drugs than almost any other country in the world.

All Canadians would benefit from a public pharmacare system, but diabetics would benefit more than most, because they would be assured of access to insulin and the monitoring equipment they need to manage their disease to stay alive.

Canada should be proud of its history in the treatment of diabetes and the discovery of insulin, but right now, we are at the bottom of the list when it comes to treatment, hospitalizations and needless deaths. We need to turn this trend around.

Bill C-237 would go a long way to achieve this turnaround by mandating the creation of a national framework. However, for rapid and lasting success we need real government leadership and investment in community health programs and public pharmacare to make a real difference in the health of Canadians.

I call on all members here to support Bill C-237, and even more importantly, Bill C-213, the bill calling for a universal, publicly funded pharmacare program tabled by my colleague the member for New Westminster—Burnaby. That program would save billions of dollars in public expenditure and most of all, would save thousands of lives of people, young and old, who suffer from diabetes and other ailments across the country.

● (1415)

Ms. Ruby Sahota (Brampton North, Lib.): Madam Speaker, it is an honour to rise today to support my colleague from Brampton South on her private member's bill, Bill C-237, an act to establish a national framework for diabetes. She has done incredible work on the issue of diabetes and my fellow Brampton colleagues and I fully support and endorse her work.

This is a critical issue for the residents in my constituency, and had I been selected in the private member's lottery process, it is something I would have loved to bring forward myself. Therefore, I am extremely pleased to see the bill before the House at second reading.

The issue of diabetes is very near and dear to my heart. I make it a point to meet with JDRF's Kids for a Cure each year to listen to their suggestions and to advocate for what the Government of Canada can do better to help.

I have seen the issue first-hand, as my childhood best friend suffered from type 1 diabetes. Throughout his childhood, he had many struggles, and I could not understand at the time why he had to take them on. Into his adult years, many more obstacles faced him. This story did not end well: We lost him all too soon a few years back because of complications from this terrible disease.

My maternal grandmother also passed because of complications from diabetes, and my mother suffers from type 2 diabetes. Thus, I am predisposed to becoming the next victim of this terrible disease. I already had gestational diabetes during my pregnancy with my son, something I find very hard to talk about since I feel there is a stigma attached to having diabetes. People feel it is somehow their fault. As a mother, I know mothers do not want to do anything to affect the health and well-being of their children.

Canada has accomplished many incredible things in the medical field, and by far our most successful is the discovery of insulin. This breakthrough was a tremendous step forward in diabetes treatment and helping to improve the quality of life of diabetics in Canada and around the world. As we get closer to the 100-year anniversary of its discovery, Canada should once again choose to be a leader in diabetes treatment and invest more in research and countermeasures to help keep our cities stronger and healthier.

Over one million people living in Ontario suffer from type 2 diabetes. The GTA alone has half of Ontario's cases, with my home city of Brampton being known as the diabetes capital of Canada. Brampton has one of the highest rates of diabetes in Ontario, with the exception of only select indigenous communities, where as many as one-third of residents suffer from this terrible disease.

It is my hope that the House will support the bill and support the call for a national framework for diabetes on behalf of my constituents of Brampton North and everyone affected by this disease.

In the last 12 years, the prevalence of diabetes in Ontario has doubled, which to most people means suffering with the disease itself and a list of complications, such as increased heart attacks, strokes, requiring dialysis and undergoing amputations. Diabetes can affect every aspect of a person's life and makes day-to-day activities more challenging. Brampton must deal with all of these complications with only one fully functional hospital and suffers from underfunding of health care from the province as compared with other cities in the province of Ontario.

It is unfortunate, but I have been witnessing my own mother's struggles with this disease for many years now, and as she suffered a heart attack recently, I know how serious the complications can become. My husband, who is a podiatrist, shares many stories of patients who must undergo amputations. I never knew how common amputations due to diabetes were.

What is even more concerning is that despite well-tested methods of prevention and management, diabetes is becoming increasingly more common in Canadian society. New data from the 2019 Diabetes Canada cost model finds that currently one-third of Canadians have either diabetes or pre-diabetes. Worse still, it found that less than 50% of all Canadians can identify less than half of the early warning signs of diabetes, and even less were able to list the health complications diabetes can cause.

● (1420)

This is a worrying trend, which highlights the urgency for creating a strategy to help combat the disease. The need for proper educational tools to teach people about the disease, its causes, symptoms and treatments is absolutely clear. If we can push through the right policies and programs, we can reduce the prevalence of diabetes in our communities and keep higher-risk individuals healthy. Canada needs a national framework for diabetes and it needs one now.

Here are the facts. We already know the risk factors that increase the likelihood of developing diabetes.

Obesity, spurred on by unhealthy eating habits and a sedentary lifestyle, plays a significant part in diabetes onset. The likelihood for developing diabetes is more than seven times higher among obese individuals and three times higher among overweight individuals, as determined by a person's BMI.

We also know that socio-economic factors play a big part in the lived experience of having diabetes. Individuals with lower incomes are more likely to suffer complications from the disease and are less likely to regularly see their doctors, compared to those with higher incomes.

We know that pregnant women with diabetes are more likely to have suffered a number of complications with their pregnancies, such as high blood pressure or obstructed births and stillbirths. More pregnant women should be making use of specialist prenatal and obstetrical care, but do not know. There is not enough research and I do not know why.

We also know that ethnic background plays a role, which we just cannot ignore, in determining which communities are more likely to develop this disease. Diabetes is more common in certain ethnic groups, including people of indigenous, South Asian, African and Hispanic descent. When we look at patterns of diabetes in Ontario, the data fit with where these higher-risk communities live.

The GTA and particularly Brampton have high rates of ethnic diversity and we are also seeing higher rates of diabetes. This genetic susceptibility increases the risk of diabetes onset, even for those at a younger age and at lower BMIs, meaning one could be a skinny diabetic. Making the need for community-tailored educational campaigns is that much more important. People might be at higher risk and never even know it, let alone know what steps to take to mitigate these risks.

I would like to take a moment to recognize the great work done by a local community advocate Dr. Bajaj and the Stop Diabetes Foundation. The organization has taken on two main objectives: one, to decrease the burden of diabetes afflicting our society, through community-based education on preventative lifestyle; and, two, to increase the longevity of patients living with diabetes, by using a combination of medically proven treatments and lifestyle regimen.

Education and awareness must be done with social and cultural context taken into consideration. By keeping the status quo and not investing in creating a national framework, we are allowing incident rates to rise for a disease that is proven to be preventable in certain circumstances with the proper educational campaigns, tools and policies.

The bill has many recommendations. Experts suggest that helping to address educational gaps could prevent diabetes onset. Passing the bill will help promote information and knowledge sharing in relation to diabetes prevention and treatment, which is absolutely vital. We can teach people how to create healthier lifestyles through balanced diets and exercise, and explain how these changes will decrease their risk for diabetes.

These educational campaigns can and should be tailored for each region and for specific cultural groups to address our most vulnerable communities that are most at risk due to genetic predispositions. We need to give people the tools to better understand and manage their own health so they can become more proactive in diabetes prevention.

The bill also specifically calls for promoting research and improving data collection on diabetes prevention and treatment when it comes to information gaps. The necessity for filling them is clear. Determining why some pregnant women with diabetes are not receiving special prenatal and obstetrical care is vital to ensuring they have access to these resources.

We also need more reliable information about the availability of—

● (1425)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I have to interrupt the hon. member as time is up.

Resuming debate, the hon. Parliamentary Secretary to the Leader of the Government in the House of Commons for two and a half minutes.

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it is quite the privilege to be able to stand in the House and make mention, at least in brief for now, of some thoughts on the bill before us.

First, I want to thank the member for Brampton North for sharing her personal story. I always find it helpful when members of Parliament share stories, and that we relate better. I appreciate it very much.

The member for Brampton South, whom I had the opportunity to ask a question of earlier, is the member who has brought the legislation before us. I would like to again reaffirm that the member for Brampton South has inspired so many individuals with her passion on this particular issue. I do want to thank her for that.

It is estimated that, of Canada's population of about 37 million, three million have some form of diabetes or another. Every year more than 10,000 Canadians will be diagnosed with diabetes. There is absolutely no doubt that we, as a nation, need to look at ways in which we can better deal with treatment-related issues and how we can better prevent it.

There is a role for the national government. I have said in the past, as a former health critic at a provincial level, I understand the importance of provinces and territories working with the national government.

● (1430)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The time provided for consideration of Private Members' Business has now expired, and the order is dropped to the bottom of the order of precedence on the Order Paper.

It being 2:30 p.m., the House stands adjourned until next Monday at 11 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 2:30 p.m.)

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